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**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90059 026 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000040461**

1. Corporation Name  
**REALBIZ CORPORATION**



Principal Place of Business: 1830 DOLPHIN BLVD. SOUTH ST. PETERSBURG FL 33707  
 Mailing Address: 1830 DOLPHIN BLVD. SOUTH ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/04/1998**

4. FEI Number: **59-3511720** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **SCHECHT, NEIL S 2909 W. BAY TO BAY BLVD. PENTHOUSE TAMPA FL 33629**

10. Name and Address of New Registered Agent: 81 Name: **Fabienne Schwyn** 82 Street Address (P.O. Box Number is Not Acceptable): **1830 Dolphin Blvd. South** 83 City: **St. Petersburg** FL 84 Zip Code: **33707**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/29/99**

| 12. OFFICERS AND DIRECTORS                      |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---------------------------------|---|---|
| TITLE: <b>D</b>                                 | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: <b>SCHWYN, FABIENNE</b>                   |                                 | 1.2 NAME  |   |
| STREET ADDRESS: <b>1830 DOLPHIN BLVD. SOUTH</b> |                                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP: <b>ST. PETERSBURG FL 33707</b>     |                                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE:  | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME:   |                                 | 2.2 NAME  |   |
| STREET ADDRESS:                                 |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP:                                    |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE:  | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME:   |                                 | 3.2 NAME  |   |
| STREET ADDRESS:                                 |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP:                                    |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE:  | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME:   |                                 | 4.2 NAME  |   |
| STREET ADDRESS:                                 |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP:                                    |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE:  | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME:   |                                 | 5.2 NAME  |   |
| STREET ADDRESS:                                 |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP:                                    |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE:  | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME:   |                                 | 6.2 NAME  |   |
| STREET ADDRESS:                                 |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP:                                    |                                 | 6.4 CITY-ST-ZIP                                       |   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **FABIENNE SCHWYN** 3/29/99 (727)384-9709

CORP 11/08