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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	REAL ESTATE SERVICES,							
Principal Place	e of Business	Mailing Address				1 10011301 110 10111 50111 50111 00111 00111	BIO)(43111 1000	4 (3)(4 \$10 4 100)
258 LEANING P		258 LEANING PIN	ES LOOP					
KELLY PLANTATION KELLY PLANTATION)N			DO NOT WRITE IN THIS SPACE		
DESTIN FL 32541 DESTIN FL 32541						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						05/05/1998		
2. Principal P	Place of Business	2a. Mailing Addr	ess			4. FEI Number 59 - 3514794		opplied For lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired	•	Additional Required
City & Stat		City & State				6. Election Campaign Financing		May Be
		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Co	ountry	-	8. This corporation owes the current year in		
24	25	29	30	•		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre					10. Name and Address of New Registered	Agent	
	CKWELL, SANDRA P			LL	Name	(D.O. Daviklambar in Net Assertable)		
	EAST CALL STREET		82 Street Ad		Street Add	dress (P.O. Box Number is Not Acceptable)		1
TALL	AHASSEE FL 32301			83				
					Cit.		. 85 Zip	Code
				84	City	F		Code
44 0	4- 4							
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such chan	ge was autnonz	ted by th	named cor le corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	or changing in ointment as r	egistered
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such chan ations of, Section 607.	ge was authoriz 0505, Flofida St	ted by the	e corporat	red when reinstating) - DATE	9- 4 9	egistered
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURES

STREET ADDRESS

REGOTRED STONA TOTAL

850 837-683O