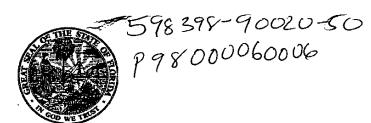
06251999-90002-019-\$150.00-\$150.00 FILED Jun 25, 1999 8:00 am ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **~ 1999 Secretary of State** DOCUMENT # P98000060006 06-25-1999 90002 019 ***150.00 07-29-1999 90020 050 ***400.00 REALTORS CHOICE FINANCIAL INCORPORATED Principal Place of Business Mailing Address 5g839g- 90g50 - 20 1530E HIDDEN ARBOR COURT 15302 HIDDEN ARBOR COURT ODESSA FL 33556 ODESSA FL 33556 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/06/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3528:44 Not Applicat 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year intangible Country Zip Zip ΠNo X Yes Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DUNLAP, ELIZABETH A 82 Street Address (P.O. Box Number is Not Acceptable) 15302 HIDDEN ARBOR COURT ODESSA FL 33556 83 85 Zip Code 84 City FL 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 (NOTE: Registered Agent signature red when reinstaling) re, typed or printed name of registered agent and title if applica ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE President TITLE None Elizabeth A. Dunlap 2 NAME NAME 15302 Hidden Arbor Court 1.3 STREET ADDRESS STREET ADDRE FL 33556 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addit-Change DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addit DELETE 3.1 TITLE TILE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Additi Change DELETE 4.1 TRLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-20P CITY-ST-ZIP Change Additi DELETE 51 TIBE MLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CTTY- \$T-ZIP Change ☐ Additix 6.1 TITLE T DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP (T) A TO L AT ACC. 8.4 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 ennual report or supplemental annual report is trie 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 trusted 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 of on an attachment with an address, with all other like empowered.

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 28, 1999

REALTORS CHOICE FINANCIAL INCORPORATED 15302 HIDDEN ARBOR COURT ODESSA, FL 33556

SUBJECT: REALTORS CHOICE FINANCIAL INCORPORATED

Ref. Number: P98000060006

Please be advised, we have received your Annual Report for the above corporation and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

Complete block 12 or 13 by listing the complete name, title, street address, city, and state of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION
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