


FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90067 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000066518					
1. Corporation Name REALTOR'S AIDE, INC. Think Type Tech, Inc					
Principal Place of Business 7530 SAUNDERSVILLE CT JACKSONVILLE FL 32244			Mailing Address 7530 SAUNDERSVILLE CT JACKSONVILLE FL 32244		
2. Principal Place of Business 21 1441 CLOCK ST.		2a. Mailing Address 26 1441 CLOCK ST.		3. Date Incorporated or Qualified 07/27/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3524495	
City & State 23 JACKSONVILLE, FL		City & State 28 JACKSONVILLE, FL		5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32211		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent POWERS, RICHARD M 7530 SAUNDERSVILLE CT JACKSONVILLE FL 32244		10. Name and Address of New Registered Agent 81 Name Jacqueline Shifkey 82 Street Address (P.O. Box Number is Not Acceptable) 1441 CLOCK ST. 83 84 City JACKSONVILLE FL 85 Zip Code 32211			
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 Jacqueline Shifkey DATE 4-12-99 <small>(Signature typed or printed name of registered agent and title if applicable. (NO) If Registered agent signature required when registering)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input checked="" type="checkbox"/> DELETE NAME POWERS, RICHARD M STREET ADDRESS 7530 SAUNDERSVILLE CT CITY-ST-ZIP JACKSONVILLE FL 32244			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME LEE, JACQUELINE STREET ADDRESS 1441 CLOCK ST CITY-ST-ZIP JACKSONVILLE FL 32211			2.1 TITLE DPST. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Jacqueline Shifkey 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 807, 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: **Jacqueline Shifkey** **Jacqueline L Shifkey** 3-18-99 (904) 745-1509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (1/98)