Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90080 032 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000071553

1. Corporation Name

	RCIAL PARTNERS REAL EST	Mailing Address			:	
Principal Place		11380 PROSPERITY FARMS	RUAU			
SUITE 209A	RITY FARMS ROAD	SUITE 209A	HOND			
PALM BEACH GARDENS FL 33410 PALM BEACH GARD			FL 33410			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed · 08/13/1998
- D: :	- of Duning	2a. Mailing Address				4. FEI Number Applied For
— ·	ace of Business	2a. Mailing Address				(6-0878072 Not Applicable
Suite, Apt.	# etc.		Suite, Apt. #, etc.			- \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23	<u> </u>	28				Trust Fund Contribution Added to Fees
Žip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangible Personal Property Tax.
24	25	<u> </u>	30			Personal Property Tax. Yes ANO 10. Name and Address of New Registered Agent
Name and Address of Current Registered Agent				81	Name	TV. Hallo and Addition of How to great and the
BLANEY, KATHERINE C 11380 PROSPERITY FARMS ROAD SUITE 209A PALM BEACH GARDENS FL 33410				82 Street Addre		ess (P.O. Box Number is Not Acceptable)
			1			ess (P.O. Box Number is Not Acceptable)
				83		
			-	84	City	85 Zip Code
			ľ			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						when reinstation) DATE
	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent s	signature required v	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D .	DELETE	1,1 TIT	LE.		Change Addition
NAME	BLANEY, KATHERINE C		1.2 NA	1.2 NAME		
STREET ADDRESS	44000 PROCEETY SAPING POAR 4000A			1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	410	1.4 CIT	Y-ST-	ZiP	·
TITLE	D	[] DELETE	2.1 TIT	LE		Change Addition
NAME	HOLMES, MARK E			ME		
STREET ADDRESS			2.3 ST	REETA	ADDRESS	•
CITY-ST-ZIP	PALM BEACH GARDENS FL 334		2. 4 Cl	_	-ZIP	The state of the s
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3,1 717			☐ Change ☐ Addition
NAME		•	3.2 NA			
STREET ADDRESS					ADORESS :	
CITY-ST-ZIP	-	DELETE	3.4. CIT 4.1 TIT		-ZIP	☐ Change ☐ Addition
TITLE	<u>.</u>	_ bettere	4.1111 4.2NA			
NAME	- ,	•			ADDRESS .	
STREET ADDRESS			4.5 5 T			
CITY-ST-ZIP		DELETE	5.1 TIT			☐ Change ☐ Addition
NAME		—	5.2 NA			•
STREET ADDRESS	,		5.3 STI	REETA	ADDRESS	
CITY-ST-ZIP	, *		5.4 CIT	Y-\$T-	.ZIP	
TITLE		☐ DELETE	6.1 TIT	LE		Change Addition
NAME : 6			6.2 NA	ME		
i		•	63.ST	REETA	ADDRESS	

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.

6.4 CITY-ST-ZIP

SIGNATURE: