OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P98000080584)

TO REAL ESTATE GROUP, INC.

FILED Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90004 003 ***550.00



	·							
cipal Place of Business Mailing Address								
N.W. 41 STREET 3235 N.W. 41 STREET								
FL 33142		MIAMI FL 33142	MI FL 33142			DO NOT WRITE IN THE SPACE		
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						1		
20 Mailing Address					<u>-</u>	09/15/1998 4. FEI Number		Applied For
Principal P	lace of Business	2a. Mailing Address	H DOMEN SOF				. +	Not Applicable
			Suite, Apt. #, etc. —			65 - 08 72 3 4 7 Not Applicab		
Suite, Apt.	#, etc.					5. Certificate of Status Desired Fee Required		
		27 YLANTATION	City & State					
City & Stat	e	- -	□ a = a II < 0			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
7:	Country		Cour					adea to rees
Žip	Country	Zip 30	7	iu y		 This corporation owes the current ye Intangible Personal Property. 	Yes	☐ No
	9. Name and Address of Curre		L $\overline{}$			10. Name and Address of New Regist		
	9. Name and Address of Curre	int registered Agent		81	Name	To: Mallie und Addition of Item Hogist		
DOC	KERTY, SUZANNE A ESQ.		L					
	TRICK FITZGERALD, P.A.			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	MERRICK WAY - SUITE 3-B	83						
	AL GABLES FL 33134		ļ	83			•	,
COIL	AL CIABLEO I E 00104		ı	84	City		F 85	Zip Code
							FL	
office or agent. I	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was auth	onzed	l by '	the corporation	tion submits this statement for the purpose i's board of directors. I hereby accept the	appointment	as registered
NATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE:	Register	ed Ag	ent signature requir	ed when reinstating)	DATE	
OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICER	RS AND DIR	ECTORS IN 12
	PD	DELETE 1:		1.1 TITLE			Ch	ange Addition
	WILCOSKY, JOHN B		1.2 NAME					_
ET ADDRESS	3235 N.W. 41 STREET		1.3 STREE		ADDRESS			
ST-ZIP	MIAMI FL 33142		1,4 CITY-S		ZIP			
3 (-2.11	STD	DELETE	2.1 TITLE				Ch	ange Addition
-	FITZPATRICK, E T	bessele	2.2 NAME					_
ET ADDRESS	.3235.N.W41 STREET		2.3 STREE		ADDRESS	_		
_	MIAMI FL 33142		2.4 CITY-S		-			
ST-ZIP	VD VD	DELETE	3.1 TITLE		211		□ Ch	ange Addition
:	HENDERSON, OWEN D III	DECE1E	3.2 NAME			•	<u></u> 0	go
ET ADORESS	3235 N.W. 41 STREET		3.3 STREE		ADDRESS			ĺ
	MIAMI FL 33142		3.4 CITY-S		- [
ST-ZIP	11/11/11/12	DELETE	4.1 TITI	_	211			ange Addition
:		□ DETEIE	4.2 NAME					
T ADDDESS					ADDRESS			
ET ADDRESS					ļ		•	í
ST-ZIP			4.4 CITY-ST-ZIF 5.1 TITLE		ZIP			
		DELETE	5.1 IIILE 5.2 NAME				∟ Cn	ange Addition
					ADDDEÉÉ			l
ET ADDRESS					ADDRESS			
ST-ZIP.			5.4 CIT		ZIP			
		DELETE	6.1 TITI				Ch	ange Addition
			6.2 NA					
ET ADDRESS					ADDRESS			
ST-ZIP			6.4 CIT	Y-ST-	ZIP			

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.

IGNATURE: