

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

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90017 033 \*\*\*150.00

DOCUMENT # S09376

1. Corporation Name  
REAL EQUITY PARTNERS, INC.

Principal Place of Business  
249 W HIGHWAY 436  
#1009  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
249 W HIGHWAY 436  
#1009  
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1990

4. FEI Number

59-3040170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

JOHNSON, WADE F JR  
118 E JEFFERSON ST  
ORLANDO FL 32801

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

10. Name and Address of New Registered Agent

81 Name

MILLER, SOUTH, DIMASI / JOHN L. DIMASI, ESQ

82 Street Address (P.O. Box Number is Not Acceptable)

83 2699 LEE RD. SUITE 120

84 City

WINTER PARK

FL

85 Zip Code

32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-11-99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME FISHER, JANICE M.  
STREET ADDRESS 601 BRIARCLIFFE  
CITY-ST-ZIP SANFORD FL 32773

TITLE AS ☒ DELETE  
NAME MILLER, RICHARD D  
STREET ADDRESS 2860 ASHTON TERR.  
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS ☐ Change ☒ Addition  
1.2 NAME BETH BRUNS JORDAN  
1.3 STREET ADDRESS 7 CARBINAL DRIVE  
1.4 CITY-ST-ZIP LONGWOOD, FL. 32779

2.1 TITLE AS ☐ Change ☒ Addition  
2.2 NAME NANCY HASSINGER, P.A.  
2.3 STREET ADDRESS 105 HICKORY TREE  
2.4 CITY-ST-ZIP LONGWOOD, FL. 32750

3.1 TITLE AS ☐ Change ☒ Addition  
3.2 NAME LOIS SHANE  
3.3 STREET ADDRESS 905 OAK LEAF CT.  
3.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32714

4.1 TITLE AS ☐ Change ☒ Addition  
4.2 NAME IRENE HOUSER  
4.3 STREET ADDRESS 327 HAVERLAKE CIR.  
4.4 CITY-ST-ZIP APOPKA, FL. 32712

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-99 407-862-8000

CR2E034 (1/98)

0070293