

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathur
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S24644**

(4)

1. Corporation Name
REALTY NETWORK, INC.



Principal Place of Business
**707 CHILLIGNWORTH DRIVE
WEST PALM BEACH FL 33409
US**

Mailing Address
**408 CHEYENNE DR.
LANTANA FL 33462
US**

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 01/11/1991	3a. Date of Last Report 04/26/1995
4. FEI Number 65-0246306	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 has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**MANKIN, ALLEN
1240 BEAR ISLAND DR
W PALM BCH FL 33401**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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, the duly elected and appointed as registered agent, I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
	DPST	MANKIN, ALLEN	1240 BEAR ISL DR	
		W PALM BCH FL		
		ST		☐ DELETE
	MANKIN, ALLEN	1240 BEAR ISLAND DR	W PALM BCH FL	
		VP		☐ DELETE
	CHANCEY, SUSAN D.	408 CHEYENNE DRIVE	LANTANA FL	
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	☐ Change ☐ Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	☐ Change ☐ Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	☐ Change ☐ Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	☐ Change ☐ Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	☐ Change ☐ Addition
35 TITLE	
36 NAME	
37 STREET ADDRESS	
38 CITY-STATE-ZIP	☐ Change ☐ Addition
39 TITLE	
40 NAME	
41 STREET ADDRESS	
42 CITY-STATE-ZIP	☐ Change ☐ Addition
43 TITLE	
44 NAME	
45 STREET ADDRESS	
46 CITY-STATE-ZIP	☐ Change ☐ Addition
47 TITLE	
48 NAME	
49 STREET ADDRESS	
50 CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is complete, true and correct and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included 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 actual report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/96

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