

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

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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33462-2202**

3. Date Incorporated or Qualified **01/11/1991** 3a. Date of Last Report **04/15/1996**

2. Principal Place of Business 2a. Mailing Address
4. FEI Number **65-0246306** Applied For
21 **1826 N. Dixie Highway** 26 **P. O. Box 6228** Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 **Lake Worth, FL** 28 **Lake Worth, FL** **\$8.75 Additional Fee Required**
Zip Country Zip Country
24 **33460** 25 **Palm Beach** 29 **33466** 30 **Palm Beach** **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

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

81 Name **Susan D. Chancey**
82 Street Address (P.O. Box Number is Not Acceptable)
1826 N. Dixie Highway
83
84 City **Lake Worth** FL 85 Zip Code **33460**

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 *Susan D. Chancey* 1/20/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPST	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MANKIN, ALLEN			1.2 NAME			
STREET ADDRESS	1240 BEAR ISL DR			1.3 STREET ADDRESS			
CITY - ST - ZIP	W PALM BCH FL			1.4 CITY - ST - ZIP			
TITLE	ST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MANKIN, ALLEN			2.2 NAME			
STREET ADDRESS	1240 BEAR ISLAND DR			2.3 STREET ADDRESS			
CITY - ST - ZIP	W PALM BCH FL			2.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CHANCEY, SUSAN D.			3.2 NAME			
STREET ADDRESS	408 CHEYENNE DRIVE			3.3 STREET ADDRESS			
CITY - ST - ZIP	LANTANA FL			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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 as an attachment with an address.

SIGNATURE: *Allen Mankin* 1/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)