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

**PROFIT CORPORATION** ANNUAL REPORT 1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

THE REAL ESTATE SHOPPE OF VOLUSIA, INC.  Principal Place of Business 374 S. ATLANTIC AVE. SUITE A ORMOND BEACH FL 32176 US  THE REAL ESTATE SHOPPE OF VOLUSIA, INC.  Mailing Address 374 S. ATLANTIC AVE. SUITE A ORMOND BEACH FL 32176 US			76	DO NOT WRITE IN THE  3. Date Incorporated or Qualified  11/08/1991	
2. Principal P	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-3092422	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the	
24	25 Name and Address of Curren	29	30	Personal Property Tax due June 30.  10 Name and Address of New Registere	Yes No
515 DA	YNARD, M.A. 5 S. RIDGEWOOD AVE. YTONA BEACH FL 32114		83 84 City	idress (P.O. Box Number is Not Acceptable)	
SIGNATURE	to the provisions of Sections 607.050, egistered agent, or both, in the State in familiar with, and accept the obligation Standard, typed or printed name of registered age		es, the above-named couldhorized by the corporida Statutes.  Registered Agent signature recognitions.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered ppointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 12
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OD WHALEY, JEAN 374 S. ATLANTIC AVE. SUITI ORMAND BEACH FL 32176	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ DELETE	2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		Change Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ DFLETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - S1 - ZIP		Change Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		DELETE	4.1 THLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 DITY-ST-ZIP	• • • • • • • • • • • • • • • • • • •	Change Addition
TITLE		DELETE	5 1 TITLE		Change Addition

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.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change

Addition

**FILED** 

Apr 10 1998 8:00am

Secretary of State