

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **V13020** (5)

1. Corporation Name  
**REALTY DEVELOPMENT CONSULTING, INC.**

95 FEB -7 PM 4: 17

Principal Place of Business Mailing Address  
7390 SAND LAKE RD. 8958 BAY COVE CT.  
STE 100 SUITE 230  
ORLANDO FL 32819 ORLANDO FL 32819  
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/07/1992 3a. Date of Last Report 03/28/1994

2. Principal Place of Business 2a. Mailing Address  
21 7575 Dr. Phillips Blvd. 26 7575 Dr. Phillips Blvd.

4. FEI Number 59-3118661 Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 SUITE 305 27 SUITE 305

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State City & State  
23 ORLANDO FLA. 28 ORLANDO FLA.

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip Country Zip Country  
24 32819 25 US 29 32819 30 US

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEAL, EDWARD A.  
8958 BAY COVE CT.  
ORLANDO FL 32819

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
7575 Dr. Phillips Blvd Suite 305  
83  
84 City ORLANDO FL 85 Zip Code 32819

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DVPS
NAME	NEAL, EDWARD A
STREET ADDRESS	8958 BAY COVE CT
CITY - ST - ZIP	ORLANDO FL
TITLE	DP
NAME	MORAN, THOMAS .
STREET ADDRESS	5621 MASTERS BLVD
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

*Edward A. Neal* EDWARD A. NEAL 1/27/95 (407) 345-6444  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR (Date) (Telephone Number)