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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

V13020

(5)

REALTY DEVELOPMENT CONSULTING, INC.

FILED
Jan 16 1998 8:00am
Secretary of State

rincipal Place of Business Mailing Address		- I SBETT BILDEN SISCOE ISSUE ORITH ISOLU ODSI OLDIT ELOK OTATT ELO	LIN MANES MENS SENS	
7600 DR PHILLIPS BLVD. 7600 DR PHILLIPS BLVD.				
SUITE 64 SUITE 64		00.107.107.107.107.107		
ORLANDO FL 32819 ORLANDO FL 32819		DO NOT WRITE IN THIS SPACE		
US	US		3. Date Incorporated or Qualified	İ
2. Principal Place of Business	2a. Mailing Address		02/07/1992 4. FEI Number	7.0
├ ¬ '	26		-	Applied For Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		59-3118661	75 Additional
22	27			e Required
City & State City & State			.00 May Be	
23	28			ded to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the current year	r Intangible
24 25	29	30	Personal Property Tax due June 30. Yes	No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
NEAL, EDWARD A.		81 Name		
7575 DR PHILLIPS BLVD, STE 365		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 365				
ORLANDO FL 32819		83		-
		84 City	85	Zip Code
		7	FL	·
11. Pursuant to the provisions of Sections 607,0502	and 607, 1508, Florida Statute	s, the above-named corpo	oration submits this statement for the purpose of changing on's board of directors. I hereby accept the appointment	ng its registered
agent, I am familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statutes.	on's board of directors, I hereby accept the appointmen	t as registered
SIGNATURE				j
Signature, typed or printed name of registered agent		Registered Agent signature require		
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE PDS	☐ DELETE	1.1 TITLE	Ĺ.i Char	nge
NAME NEAL, EDWARD A		1 2 NAME		
STREET ADDRESS 8958 BAY COVE CT		1.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL	- Decier	1.4 CITY-ST-ZIP		
TITLE — DP	☐ DELETE	2,1 TITLE	Char	nge 🗌 Addition
NAME LIGHTH, THOMAS.		2.2 NAME		
STREET ADDRESS 562 FMACTERS BLVD		2.3 STREET ADDRESS		ſ
CITY-ST-ZIP CRIENTING	L DELETE	2. 4 CITY-ST-ZIP	2 1 2	
TITLE	DELETE	3.1 TOTLE	Chan	ige 🗌 Addition
NAME		3.2 NAME		\
STREET ADDRESS		3.3 STREET ADDRESS		f
CITY-ST-ZIP	T BEI CIT	3.4. CITY-ST-ZIP		Addition
TITLE	DELETE	4.1 TITLE	L Chan	ige Addition
NAME		4, 2 NAME		ļ
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	The street	4.4 CITY-ST-ZIP		- Author
TITLE	☐ DELETE	5.1 TITLE	Chan	ge 🔲 Addition
NAME		5.2 NAME		ļ
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		A 1 200
TALE	DELETE	6.1 TITLE	Li Chan	ge 📙 Addition
NAME		6.2 NAME		1
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		I

r nerepy certify that the information supplied with risk filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the informatio indicated on this annual report or suppliemental 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:

WOREDWARD ANGAL GERNOOT