PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V16685

1. Corporation	NIENT # V16685 REALTY SPECIALISTS, IN						
Principal Place	e of Business	Mailing Address	<del></del>		E 1001 MINUT IN BILL BILL BILL BILL BILL BILL BILL B	il didil didil atali l	Aldii ahali kaal
240 S.E. 23RD AVE. BOYNTON BEACH FL 33435 US		240 S.E. 23RD AVE. BOYNTON BEACH FL 33435 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
					02/12/1992		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 65-03 18804	No	oplied For ot Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc			5: Certificate of Status Desired	\$8.75 /	Additional equired
22		27					
City & State	<del>e</del>	City & State			Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
23	Country		Country				10 1 662
Zip	Country  25	29	30		This corporation owes the current year     Personal Property Tax.	Yes	₩No
24	9. Name and Address of Currer		130		10. Name and Address of New Registere		
240 BOY	egistered agent, or both, in the State	of Florida. Such change was a	iuthorized by	City e-named cor the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the purpose ion's board of directors.	of changing its	Code s registered egistered
agent. I a SIGNATURE	m familiar with, and accept the obligation of registered age	ations of, Section 607.0505, Flo	rida Statutes	•	red when reinstaling) DATE		
12.		ND DIRECTORS	_13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	DPT	☐ DELETE 1				☐ Change	Addition
NAME STREET ADDRESS: CITY-ST-ZIP	FISCHER, JOSEPH A. 240 SE 23RD AVENUE BOYNTON BEACH FL 33435		1.2 NAME 1.3 STREET 1.4 CITY-S	1			ļ
TITLE			2.1 TITLE			Change	noitibbA 🔲
NAME	2		2 2 NAME				
STREET ADDRESS:			23 \$TREET	ADDRESS			
CITY-ST-ZIP	¦		2 4 CITY S	1.ZIP			
TITLE	☐ DELETÉ 3		3.1 TITLE			Change	noitit bA 🔲
NAME			3.2 NAME				
STREET ADDRESS			33STREET	ADDRESS			
CITY-ST-ZIP			34 CITY+S	T-ZIP			
TITLE	☐ DELETE		4 1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			43 STREET	ADDRESS			į
CITY-ST-ZIP			44 CITY-S	ſ-ZIP		- Channe	- Addition
TITLE		☐ DELETÉ	5 1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET	J			
CITY-ST-ZIP		(1) 75	5.4 CITY-S	1 - ZIP		☐ Change	Addition
TITLE		□ DELETE	62 NAME			□ change	C Noticon
NAME			0.2 1999/5	1			,

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 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, with all other like empowered.

63 STREET ADDRESS

SIGNATURE: .c

STREET ADDRESS

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 (561) 737-4377

**FILED** 

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90132 005 \*\*\*150.00

CR2E034 (11/98)