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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

V26662

(9)

REALT	TEC GROUP, INC.									
Principal Place of Business Mailing Address  3474 TAMPA RD.  PALM HARBOR FL 34684 US  US  Mailing Address  3474 TAMPA RD. PALM HARBOR FL 34684 US			584							
						<ol><li>Date Incorporated or Qualified 04/06/1992</li></ol>	<b>3a</b> . Da	ate of Last Re 05/11/19		
2. Principal Pla	ace of Business	2a. Mailing Address 26	Mailing Address			4. FEI Number Applied For 59-3115383 Not Applicable				
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & State	·	City & State	City & State			Election Campaign Financing     Trust Fund Contribution			D May Be I to Fees	
Zip 24	Country 25	Zip 29	Zip Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes   ✓ Yes  ✓ No				
	9, Name and Address of Curre	nt Registered Agent			*	10. Name and Address of New I	Registere	d Agent		
AB. 155	D 104114		8	1	Name		<del></del>	<del>_</del>		
GRUBER JOAN M 3474 TAMPA RD.				2	Street Addre	ss (P.O. Box Number is Not Acceptal	ole)			
	ARBOR FL 34684		8:	3	·					
			84	4	City		F	85 Ziç	Code	
or registeri	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authorize	s, the above ed by the cor	_l ⊹na ′por	amed corpora ration's board	tion submits this statement for the put of directors. I hereby accept the app	mose of c	hanoing its r	egistered office agent. I am	
SIGNATURE _	Signature, typed or printed name of registered ager	t and title if applicable. (NO)	E: Registered Age	ent s	signature required	when reinstahnon	DATE			
12.			13.		ogrador required	ADDITIONS/CHANGES TO OFF		ND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1. 1 TITLE			, , , , , , , , , , , , , , , , , , , ,	102/10/11	Change	Addition	
NAME	GRUBER, JOAN M.	<del></del>	1.2 NAME							
STREET ADDRESS	3474 TAMPA RD.			1.3 STREET ADDRESS						
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-7							
TITLE	SD	☐ DELETE	2 1 TITLE					Change	☐ Addition	
NAME	KISSNER, ALBIE	Booter	22 NAME							
STREET ADDRESS	3474 TAMPA RD.		23 STREI	ET A!	DORESS					
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-							
TITLE		☐ DELETE						Change	Add-tion	
NAME			3.2 NAME							
STREET ADDRESS			3.3. STRE	ET A	ADDRESS					
CITY-ST-ZIP			3.4 CITY-	S1-	- ZIP					
TITLE		DELETE	4 1 TITLE				• •	☐ Change	☐ Addition	
NAME			4.2 NAME							
STREET ADDRESS			43 STREE	ET AS	DORESS					
CITY-ST-ZIP			4.4 CITY-	ST-	- ZIP					
TITLE	☐ DELETE		5 1 TITLE	5 1 TITLE				Change	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS			5 3 STREE	ET A	DORESS					
CITY-ST-ZIP			5.4 CHY-	- 51-	- ZIP					
TITLE		DELETE	6 1 TITLE	•				☐ Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			63 STREE	ET A	DDRESS					

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 119.07(3)(k), 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 (3 if changed, or on an attrichment with an address.)

64 CITY - ST - ZIP

SIGNATURE: \_

CITY-ST-ZIP

Son W HWW Joan M. Gruber 3/15/96 81,3/789-5555

**FILED** 

Secretary of State

Mar 19 1996 8:00 am