Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90269 004 ***150.00

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

PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V33908** 1. Corporation Name

REAL ES	STATE CITY, INC.					
Principal Plac	e of Business	Mailing Address		L (DEX) BITARE SITE SITE IN THE SAME THAT BIRTH	I DEDLE BLOCK OLDIE BLOCK LODI	
322 TAMIAMI TR. 782 MONACO DR SUITE #24 PUNTA GORDA FL 33950 US US				DO NOT WRITE IN THIS SI	PACE	
US	•			3. Date Incorporated or Qualifed 05/01/1992		
2. Principal Place of Business 21. 782_M/WACO DR 26.				4. FEI Number 65-0327184	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country Zip 24 3 3950 - 8018 25 US A A 29 3			Country	8. This corporation owes the current year Intan	gible ⊒Yes X No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
· 81 Name						
GRAVELL, JEAN-PAUL JAE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
782 MONACO DR			Sileet Addit	ess (F.O. Dox Number is Not Acceptable)		
PUNTA GORDA FL 33950			83			
			84 City	FL	85 Zip Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. S⊔ch change was auti	norized by the corporatio	oration submits this statement for the purpose of ch on's board of directors. I hereby accept the appoint	anging its registered nent as registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature required	when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PDTS	☐ DELETE	1.1 TITLE		Change Addition	
NAME	GRAVELL, JEAN-PAUL JAE		1.2 NAME		:	
STREET ADDRESS	782 MONACO DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL 33950		1.4 CITY-ST-ZIP			
TITLE	C	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	GRAVELL, JEAN-PAUL J		2.2 NAME			
STREET ADDRESS	782 MONACO DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL 33950		2. 4 CITY-ST-ZIP	₩ name 17		
TITLE	·	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			32 NAME		!	
STREET ADDRESS			3.3 STREET ADDRESS		,	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	[Change	
NAME			4. 2 NAME		,	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	Γ	Change	
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		□ net ette	6.1 TITLE		Change [7] 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 on an attachmen with an address, with all effect like empowered.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

941-637-0620