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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V56388

REAL ESTATE INVESTORS I, INC.

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90043 034 ***150.00



Principal Place	e of Business	Mailing Address				IBIBI 1814 BEBIS BIBIS BEBIS BIBIS BEBIS	I BIBII (BBI
1590 KEVIN LN		1590 KEVIN LN					
DELAND FL 32724		DELAND FL 32724		TA MATURDITE IN THE SECOND			
						RITE IN THIS SPACE	1
					3. Date incorporated or Qualife	đ	
		To serve addition			08/03/1992 4. FEI Number	Applie	ed For
— ·	lace of Business	2a. Mailing Address			59-3132969		pplicable
21	# 212	Suite, Apt. #, etc.			39 3 132909	\$8.75 Add	• • •
Suite, Apt.	#, etc.	27 ~		-	5. Certificate of Status Desired	Fee Requ	
City & Stat	re .	City & State			6. Election Campaign Financing	9 _ \$5.00 ма	av Be
23		28			Trust Fund Contribution	Added to F	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the cu	ırrent year Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes ☐	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Agent	
	Section 1			81 Name			
	ELFELNER, R. ALAN			82 Street Add	ress (P.O. Box Number is Not Accep	otable)	
) KEVIN LN	•				19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	
DED	AND FL 32724			83			
				84 City		85 Zip Coo	de .
		• M.N.S		. *		· · PL ·	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida St of Florida, Such change wa	atutes, the a	pove-named corp by the comorati	poration submits this statement for this ion's board of directors. I hereby acc	ne purpose of changing its reg ept the appointment as regis	gisterea tered
agent. La	im familiar with, and accept the obligat	ions of, Section 607.0505,	Florida Stat	ites.	,		
SIGNATURE							
						DATE	
40	Signature, typed or printed name of registered agent			Agent signature require	ed when reinstating)	DATE DEFICERS AND DIRECTORS	S IN 12
12.	OFFICERS ANI	DIRECTORS	13.		ed when reinstating) ADDITIONS/CHANGES TO C		S IN 12
TITLE	OFFICERS ANI		13. 1.1 Π	le		OFFICERS AND DIRECTORS	
TITLE NAME	OFFICERS ANI D LITZELFELNER, R. ALAN	DIRECTORS	13. 1.1 Π 12 Ν	LE ME		OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS	OFFICERS ANI D LITZELFELNER, R. ALAN 1590 KEVIN LN	DIRECTORS	13. 1.1 π 1.2 N/ 1.3 S1	LE ME . REET ADDRESS		OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS ANI D LITZELFELNER, R. ALAN	DIRECTORS	13. 1.1 Π 12 N/ 1.3 S1 1.4 Cl	LE ME REET ADDRESS TY-ST-ZIP		OFFICERS AND DIRECTORS	
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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 section of 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP