

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 674812 (3)

1. Corporation Name

FEDCO REALTY CORP.

Principal Place of Business

% FEDCO, INC., 629 71ST ST.
P.O. BOX 414258
MIAMI BEACH FL 33141

Mailing Address

% FEDCO, INC., 629 71ST ST.
P.O. BOX 414258
MIAMI BEACH FL 33141



3. Date Incorporated or Qualified
06/25/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 629 71ST STREET
Suite, Apt. #, etc.

2a. Mailing Address
26 629 71ST STREET
Suite, Apt. #, etc.

4. FEI Number
59-2233407
Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSKIN, LLOYD L
629 71ST ST
P.O. BOX 414258
MIAMI BEACH FL 33141

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
629 71ST STREET
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Principal Officer

Signature of Registered Agent or Principal Officer

DATE

12. OFFICERS AND DIRECTORS	
TITLE	ASD
NAME	MULTACK, JOELLEN
STREET ADDRESS	629 71ST ST
CITY-STATE-ZIP	MIAMI BEACH FL
TITLE	VCD
NAME	RUSKIN, LLOYD L
STREET ADDRESS	629 71ST ST
CITY-STATE-ZIP	MIAMI BEACH FL
TITLE	CTD
NAME	DAVIDSON, JOSEPH H.
STREET ADDRESS	629 71ST ST
CITY-STATE-ZIP	MIAMI BEACH FL
TITLE	PD
NAME	MULTACK, WILLIAM
STREET ADDRESS	629 71ST ST
CITY-STATE-ZIP	MIAMI BEACH FL
TITLE	SD
NAME	DAVIDSON, ISABEL
STREET ADDRESS	629 71ST ST
CITY-STATE-ZIP	MIAMI BEACH FL
TITLE	ASD
NAME	RUSKIN, CANDACE
STREET ADDRESS	629 71ST ST
CITY-STATE-ZIP	MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	629 71ST STREET
1.4 CITY-STATE-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	629 71ST STREET
2.4 CITY-STATE-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	629 71ST STREET
3.4 CITY-STATE-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	629 71ST STREET
4.4 CITY-STATE-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	629 71ST STREET
5.4 CITY-STATE-ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	629 71ST STREET
6.4 CITY-STATE-ZIP	

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)(a), 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, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

305 865 4482

CR2E034 (12/95)