

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 10:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 676237

(1)

1. Corporation Name

FLAGSHIP REALTY, INC.

Principal Place of Business

**18327 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33179**

Mailing Address

**18327 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1980

3a. Date of Last Report

04/14/1994

4. FEI Number

59-2169157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

21 999 Washington Avenue

Suite, Apt. #, etc.

City & State

23 Miami Beach, Florida

Zip

24 33139

25 USA

2a. Mailing Address

26 999 Washington Avenue

Suite, Apt. #, etc.

City & State

28 Miami Beach, Florida

Zip

29 33139

30 USA

9. Name and Address of Current Registered Agent

**CHAFETZ, EILEEN
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 typed or printed name of registered agent and his or her position

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PSD
NAME CHAFETZ, EILEEN
STREET ADDRESS 18327 N.E. 19TH AVENUE
CITY- ST- ZIP N MIAMI BCH FL**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
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CITY- ST- ZIP**

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**TITLE
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CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1 1 TITLE ☐ Change ☐ Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY- ST- ZIP**

**2 1 TITLE ☐ Change ☐ Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY- ST- ZIP**

**3 1 TITLE ☐ Change ☐ Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY- ST- ZIP**

**4 1 TITLE ☐ Change ☐ Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY- ST- ZIP**

**5 1 TITLE ☐ Change ☐ Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY- ST- ZIP**

**6 1 TITLE ☐ Change ☐ Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY- ST- 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 110.07(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 13 as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95

(305) 672-3100