FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F05128** **(6)**

1. Corporation Name

WITES REALTY,INC.

Principal Place of Business	Mailing Address
1890 UNIVERSITY DR. CORAL SPRINGS FL 33071	1890 UNIVERSITY DR. CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: **11/12/1980**	3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-2040624**	☐ 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: X Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1999 UNIVERSITY DR STE 300	26 1999 UNIVERSITY DR. STE 300
Suite, Apt. #, etc. 22 SUITE 300	Suite, Apt. #, etc. 27 SUITE 300
City & State 23 CORAL SPRINGS, FL	City & State 28 CORAL SPRINGS, FL.
Zip 24 33071 Country 25 USA	Zip 29 33071 Country 30 USA

9. Name and Address of Current Registered Agent

WITES, RUBIN
1890 UNIVERSITY DR.
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: WITES, RUBIN
82 Street Address (P.O. Box Number is Not Acceptable): 1999 UNIVERSITY DR
83 SUITE 300
84 City: CORAL SPRINGS **FL** 85 Zip Code: 33071

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: _____ DATE: 4/22/96
Signature, Typed or Printed Name of Registered Agent and Title, if applicable — NOTE: Registered Agent Signature required when name is changed

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WITES, RUBIN		1.2 NAME	WITES, RUBIN	
STREET ADDRESS	1890 UNIVERSITY DR.		1.3 STREET ADDRESS	1999 UNIVERSITY DR, SUITE 300	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33071	
TITLE	SD	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	WITES, RUBIN		2.2 NAME	WITES, RUBIN	
STREET ADDRESS	1890 UNIVERSITY DR.		2.3 STREET ADDRESS	1999 UNIVERSITY DR. SUITE 300	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33071	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/22/96 Date 954-752-5100 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR