

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 # F29204

(7)

1. Corporation Name

MAR HOW REALTY, INC.

Principal Place of Business

% KRONGOLD & BASS
201 ALHAMBRA CIRCLE, 8TH FLOOR SUITE 801
CORAL GABLES FL 33134

Mailing Address

% KRONGOLD & BASS
201 ALHAMBRA CIRCLE, 8TH FLOOR SUITE 801
CORAL GABLES FL 33134



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

DAVIS, ELDA
201 ALHAMBRA CIRCLE, 9TH FLOOR
CORAL GABLES FL

3. Date Incorporated or Qualified
04/10/1981

3a. Date of Last Report
04/04/1995

4. FET Number
59-2086637

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

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, if not a director, officer, or shareholder.

(NOTE: Registered Agent signature required when replacing agent.)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME KRONGOLD, JEROME
STREET ADDRESS 570 N. SHORE DRIVE
CITY-ST-ZIP MIAMI BCH. FL ☒ DELETE

TITLE D
NAME DAVIS, ELDA M.
STREET ADDRESS 201 ALHAMBRA CRCL.
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME KRONGOLD, M. RONALD
1.3 STREET ADDRESS 201 Alhambra Circle, 8th Floor
1.4 CITY-ST-ZIP Coral Gables, FL 33134

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VP ☐ Change ☒ Addition

3.2 NAME KRONGOLD, GLENDA
3.3 STREET ADDRESS 201 Alhambra Circle, 8th Floor
3.4 CITY-ST-ZIP Coral Gables, FL 33134

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96
Date

Daytime Phone

CR2E034 (12/95)