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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **H49938** **(4)**

1. Corporation Name
GLOBAL REALTY ADVISORS, INC.

Principal Place of Business
~~400 AUSTRALIA AVENUE SOUTH SUITE 800~~
~~WEST PALM BEACH FL 33401~~

Mailing Address
~~1645 PALM BEACH LAKES BLVD~~
~~800~~
~~WEST PALM BEACH FL 33401 2216~~
US

3. Date Incorporated or Qualified: **03/28/1985**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business
21 2401 PGA BLVD.
Suite, Apt. #, etc.
22 SUITE 272
City & State
23 PALM BEACH GARDENS, FL
Zip 24 33410 Country 25 USA

2a. Mailing Address
26 2401 PGA BLVD.
Suite, Apt. #, etc.
27 SUITE 272
City & State
28 PALM BEACH GARDENS, FL
Zip 29 33410 Country 30 USA

4. FEI Number: **59-2768376** ☐ 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

9. Name and Address of Current Registered Agent
SHAPIRO, ROBERT LEE
1645 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2401 PGA BLVD., SUITE 272
83
84 City: PALM BEACH GARDENS, FL 85 Zip Code: 33410

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROETS, JAMES C.	1.2 NAME	
STREET ADDRESS	8668 SE OLEANDER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	SHAPIRO, ROBERT LEE	2.2 NAME	
STREET ADDRESS	1645 PALM BEACH LAKES BLVD	2.3 STREET ADDRESS	2401 PGA BLVD., SUITE 272
CITY-ST-ZIP	WEST PALM BEACH FL --	2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
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	

CR2E034 (9/96)

14. I do 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 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: Robert Lee Shapiro 3/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0295206