## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	IAL REPORT	<b></b>	Secretary of State DIVISION OF CORPORATIONS				Secretary of State				
	MENT # J7641	(8)									
PENN F	LORIDA REALTY CORP.										
Principal Place	Mailing Address					E IN MOINT MIST IMMITE MENTE MENTE BEREIN NIME I	IRII ALBII ALI	## <b>####</b>	41011 1281		
1515 N. FEDE SUITE 306 BOCA RATON		1515 N. FEDERAL HWY Suite 306 Boca Raton Fl. 33432	SUITE 306 BOCA RATON FL 33432				DO NOT WRITE II	N THIS SP	ACE	<del></del>	
US		US	US				3. Date Incorporated or Qualified				
9 Principal Pl	ace of Business	2a. Mailing Address				— <del>—</del>	06/05/1987 4. FEI Number		An	plied For	
z, minoparri	BOO OF DOSITIONS	26					59-2831284		- <del> </del>	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.75 A		
City & State		City & State					Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t		
Zip	Country	Zip	$\vdash$	untry		į	8. This corporation owes or has paid	_			
24	9. Name and Address of Cur	29	30	<del>-</del>			Personal Property Tax due June 3  p. Name and Address of New Regi			] No	
		tent negisteren Möent		81	Name		U. 1481110 BING AGGIOSO OF HOLY FINGS	<u> </u>			
MARCHBANKS, LAWRENCE J.											
4800 NORTH FEDERAL HIGHWAY, SUITE 101E BOCA RATON FL 33431				82 Street Addr			(P.O. Box Number is Not Acceptable	)			
DU	UA RAION PL 33431			83							
					0''				65 7:0 i	Codo	
				84	City			FL	<b>85</b> Zip (	Code	
11. Pursuant to office or reagent. I as	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 607.1508, Florida Statu ate of Florida. Such change was oligations of, Section 607.0505, F	tes, the a authorize lorida Sta	above ed by atutes	named the corp	corpora poration	tion submits this statement for the pu s board of directors. I hereby accept	rpose of c the appoi	nanging It ntment as	s registered registered	
SIGNATURE								DATE			
<del></del>	Signature, typed or printed name of registered	Lagent and title if applicable (NO AND DIRECTORS	TF Register		nt signature	e required wi	hen reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12	
12.	PTSD	DELETE	_	IITLE	_	$\overline{}$	ADDITION OF THE CONTROL		Change	Addition	
NAME	LAWRENCE, JOHN	<u></u>		1.2 NAME					_ •		
STREET ADDRESS	19800 SAND POINT BAY			13 STREET ADDRESS							
CITY-ST-ZIP	TEQUESTA FL		1	CITY-S							
TITLE	VD	DELETE	_	21 THTLE					Change	☐ Addition	
NAME				VAME							
STREET ADDRESS	235 PENLLYN PIKE		2.3 9	STREET	ADDRESS	Ĭ.					
CITY-ST-ZIP	BLUE BELL PA		2. 4	CITY-S	ST - ZIP	<u> </u>			_		
TITLE		DELETE	3.11	TITLE				L	_] Change	☐ Addition	
NAME			3.2 (	NAME							
STREET ADDRESS			3.3 \$	STREET	ADDRESS						
CITY-ST-ZIP				CITY- S	T-ZIP	ļ	Market Bridge W		7 Change	Addition	
TITLE			TITLE				L	Change	Addition		
NAME				NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		DELETE		CITY-S	ı - ZIP	<del> </del>			Change	Addition	
TITLE			1	TITLE Name							
NAME					ADDRESS						
STREET ADDRESS				CITY-S							
CITY-ST-ZIP		DELETE	_	IIILE	1 40	+-			Change	Addition	

ion 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 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 antition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in d, or on an attachment with an address. 14. I hereby certify that the inform indicated on this annual report officer or director of the corporation to the corporation of the corporation

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

TITLE NAME

STREET ADDRESS

4/15/08 (561) 750 1020

FILED

May 04 1998 8:00am