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

CORPORATION ANNUAL REPORT 1**9**98 DOCUMENT #

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

J80223

(7)

FILED Jun 18 1998 8:00am Secretary of State

HOLLYBROOK REALTY, P.A. Principal Place of Business Mailing Address 9050 PINES BLVD. 9050 PINES BLVD. SUITE 450B PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/29/1987 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2811939 26 Not Applicable 21 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 ☐ Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Bi SPATZ, LEONARD Name 9050 PINES BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 450B PEMBROKE PINES FL 33024 83 84 City 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 title if applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition * SPATZ, LEONARD NAME 1.2 NAME 9050 PINES BLVD., SUITE 450B STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 1.4 CHTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3111116 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE ☐ Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP 200002565**3**92 DELETE 6.1 TITLE Addition 6.2 NAME **-0**6/19/98--01060-**-**001 STREET ADDRESS 6.3 STREET ADDRESS ***150.00 6.4 CITY - \$1 - ZIP

14. hereby offily 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 of 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted of on an attachment with a property of the corporation of the corporatio

NONATIOE.

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June 1, 1998

Florida Department of State Division of Corporations Annual Reports filings P.O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

My name is Paul Franson and I am the accountant for Hollybrook Realty. Please find enclosed a check for \$150 for the Annual Corporate Filling Fee for Hollybrook Realty. Mr. Spatz is the 100% shareholder of the corporation. Mr. Spatz, who is 75 years old filed the payment to be paid on June 1 instead of May 1. Based on his previous payment history and age I would respectively request that the payment be accepted.

If I can provide any further information, please Contac me at 954-450-9906.

Singerely

Paul Franson