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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J80223

1. Corporation Name

HOLLYBROOK REALTY, P.A.

FILED
Mar 10, 1999 8:00 am
Secretary of State
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03-10-1999 90047 050 \*\*\*150.00

Principal Plac	e of Business	Mailing Address								
9050 PINES BL	VD.	9050 PINES BLVD.				1				
450B	450 FL 00004	SUITE 450B					DO NOT WRITE IN THIS SPACE			
PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 US US							3. Date Incorporated or Qualifed			
03		00					06/29/1987			1
2 Principal P	face of Business	2a. Mailing Addres					4. FEI Number	Ap	plied For	l
2. 1 1/10/2011	ide of Business	26					59-2811939	<u> </u>	t Applicable	1
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75		İ
22		27			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5. Certifcate of Status Desired	·Fee Re	quired		
City & Stat	te	City & State			- 1	6. Election Campaign Financing	\$5.00	May Be		
23	_	28					Trust Fund Contribution	Added 1	o Fees	ĺ
Zip Country		Zip Country				8. This corporation owes the current year Intangible				
24	25	29	30				Personal Property Tax.	☐ Yes	□No	1
	9. Name and Address of Current	Registered Agent		-	r	1	0. Name and Address of New Register	ed Agent		{
CDA	T7 FEONADO			81	Name					İ
SPATZ, LEONARD 9050 PINES BLVD.				82	Street	Address	ess (P.O. Box Number is Not Acceptable)			
	TE 450B			100				<del></del>		1
	IBROKE PINES FL 33024			83				•		
( F14	IDITORE I INCO I E GOOZY			84	City	-		85 Zip (	Code	1
	007.0500	1 003 4F00 Flash	04-4-4					of changing its	registered	1
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	f Florida. Such change	was authoria	zed by	the corpo	corporation's	on submits this statement for the purpose board of directors. I hereby accept the ap	pointment as re	gistered	Ì
•	in lamilar with, and accept the obligation	ons of, decilon oor.oc	ioo, i ionaa o	Blato	•.					ļ
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registe	red Age	nt signature r	equired whe	n reinstating) DATE		<del></del>	lá
12.	OFFICERS AND	DIRECTORS	1	3.			ADDITIONS/CHANGES TO OFFICERS			9
TITLE	PS	☐ DEI	ETE 1.	1.1 TITLE				Change	☐ Addition	È
NAME	SPATZ, LEONARD	1.3 S		NAME						2
STREET ADDRESS	9050 PINES BLVD., SUITE 450B			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				:		ព័
CITY-ST-ZIP	PEMBROKE PINES FL									فِ إ
TITLE		☐ DEL	.ETE 2.	TITLE				Change	☐ Addition	١,
NAME		. 2:		2.2 NAME			·			
STREET ADDRESS			2.	STREE	TADDRESS					}
CITY-ST-ZIP				4 CITY-	ST-ZIP		<del></del>			{ -
TITLE		☐ DEL	ETE 3.	1 TITLE				Change	Addition	
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STREET ADDRESS			3.	STREE	TADDRESS			•		
CITY-ST-ZIP				1. CITY-	ST-ZIP		<del>_</del>	[7] Change	Addition	┨
TITLE		☐ DEI	1	TITLE				Change	Addition	1
NAME			l l	2 NAME						1
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CITY-ST-ZIP				4 CITY-S	ST-ZIP	<u> </u>		Change	☐ Addition	┨
TITLE		☐ DEL		1 TITLE 2 NAME			•	∟ Change		
NAME					TADDRESS					
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CITY-ST-ZIP		□ DEI		TITLE	11-ZIP			Change	Addition	1
TITLE		ت محد		2 NAME				3,10,190		
NAME					T ADDRESS					}
STREET ADDRESS	1			4 CITY- S						
CITY OF 7ID										

14. I 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 or an attachment with an address with all other like empowered.

SIGNATURE: \_