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Secretary of State

03-05-1999 90119 043 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L51924**

1. Corporation Name
F & R REALTY CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~444 BRICKELL AVE~~ ~~444 BRICKELL AVE~~
~~STE 1001~~ ~~STE 1001~~
~~MIAMI FL 33131~~ ~~MIAMI FL 33131~~
 US US

2. Principal Place of Business 2a. Mailing Address
 21 **2801 FLORIDA AVE** 26 **2801 FLORIDA AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **12** 27 **12**
 City & State City & State
 23 **COCONUT GROVE FL** 28 **COCONUT GROVE FL**
 Zip Country Zip Country
 24 **33133-1903** 25 **USA** 29 **33133-1903** 30 **USA**

3. Date Incorporated or Qualified
02/19/1990

4. FEI Number Applied For
65-0186220 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SCHRAM, RONALD Y.
~~444 BRICKELL AVE~~
~~STE 1001~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
2801 FLORIDA AVE
 83 **SUITE 12**
 84 City **COCONUT GROVE** FL 85 Zip Code **33133-1903**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRAM, RONALD Y	1.2 NAME	
STREET ADDRESS	444 BRICKELL AVE, STE 1001	1.3 STREET ADDRESS	2801 FLORIDA AVE - SUITE 12
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133-1903
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSEL, FRANK J	2.2 NAME	
STREET ADDRESS	444 BRICKELL AVE, STE 1001	2.3 STREET ADDRESS	2801 FLORIDA AVE - SUITE 12
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	COCONUT GROVE FL 33133-1903
TITLE	DVTS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEE, FRANKLIN A	3.2 NAME	
STREET ADDRESS	444 BRICKELL AVE	3.3 STREET ADDRESS	2801 FLORIDA AVE SUITE 12
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	COCONUT GROVE FL 33133-1903
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Franklin A. McGee* **FRANKLIN A. MCGEE** **7/19/99** **305-529-9088**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR/E034 (1/198)