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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # L67546

(6)

Mailing Address

RANDEE S. SCHATZ REALTY, INC.

FILED Mar 31 1997 8:00am Secretary of State



4548-4550 N FEDERAL HWY FT LAUDERDALE FL 33308 US		4548 N FEDERAL HWY FT LAUDERDALE FL 33 US	FT LAUDERDALE FL 33308-5204					
						 Date Incorporated or Qualified 04/18/1990 	3a. Date of Last F 04/23/1996	Report
	face of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	A	pplied For
1		26	26			65-0188750		ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & State	<i>f</i> ·	City & State				6. Election Campaign Financing		May Be
23	V	28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30			Florida Statutes Yes No				
	9. Name and Address of C	Current Registered Agent			A 1	10. Name and Address of New Re	gistered Agent	
	HINS, LARRY			81	Name			
	8 N FEDERAL HWY LAUDERDALE FL 33308			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	DAUDEHDADE I E 00000			83				
				84	City		FL 85 Zip	Code
		2 05 00		Ш				ita espiatorad
office or r	registered agent, or both, in the	07.0502 and 607.1508, Florida State of Florida Such change was obligations of, Section 607.0505,	as authorize	d by	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	of the appointment as	registered
SIGNATURE		4	COVE D. CO			uired when reinstating)	DATE	
12.	Signature, typod or pro teo came of registe THEREFE	RS AND DIRECTORS	13.	o Age	nt signature requ	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TiTLE	DPST	DELETE	1.1.11	 ITLF		1100110101010101010101010101010101010101	Change	Addition
NAME .	SCHATZ, RANDEE S.	-	1.2 N/		Į.		-	
STREET ADDRESS	220 SUNRISE AVE #209	1			ADDRESS	p.e.		
CHY-SI-Z#	PALM BEACH FL			ITY-S				
TITLE		☐ DELETE	2.1 TI	ITLE			☐ Change	Addition
NAM:			2.2 N	AME				
STREET ADDRESS			2.3 \$	TREET	ADDRESS			
CITY - S1 - ZIP			2.40	CITY-S	ST-ZIP			
lift(F		☐ DELETE	3.1 Té	TLE			Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	TAEET	ADDRESS			
City - St - 7iP			3.4. 0	OTY-S	ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	4.1 Ti	ITLE			Change	Addition
NAME			4 2 N	NAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
C:TY - ST - ZIP					iT-ZIP	.,	T T Disease	T Louis
1011.6		☐ DELETE	5.1 TI				Change	Addition
NAME			5.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST ZIP		Drutt			ST - ZIP		Change	Addition
TITLE :		DELETE	6.1 T				☐ cususe	Municipii
NAME				LAME				
STREET ADDRESS					ADDRESS			
E (1Y - S' - 70?		P 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			ST-ZIP	od in Section 119 07/3)(i). Florida Statute	o I further earlify the	at the

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 tan 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

Day Cle J Charlet Thes Cleat 3-26-97 561-833-187