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 # M38562

CUTLER	REALTY, INC.						
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Principal Plac	ce of Business	Mailing Address			- 1 188018401 100 (1181 1818) 01(18 01610 1181 01	IBIN BABAK BABAK BKBAN I	01811 01011 1001
20286 OLD CU	JTLER RD.	9030 RIDGELAND DR			,	•	
SUITE 205 MIAMI FL 33157						*	
MIAMI FL 33189 US				DO NOT WRITE IN THIS SPACE		<u> </u>	
US					3. Date Incorporated or Qualifed		1
		T			09/17/1986		
	Place of Business	2a. Mailing Address			4. FEI Number	· · · - ·	plied For
21	44 -4-	26			59-2718283		t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
City & Stat		City & State	<u> </u>				
23		28			6. Election Campaign Financing Trust Fund Contribution	-= \$5.00 Added t	May Be
Zip	Country	Zip	Countr	v	This corporation owes the current year		lo rees
24	25	·	30		Personal Property Tax.		□No
24	9. Name and Address of Cur		100		10. Name and Address of New Register		
	100		81	Name	,		
SCH	IULER, MICHAEL K.			0	(D.O. David Marchaela Net Association		
	O RIDGELAND DR		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33157		83	3		机铁 计数据	
			84	City	F	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	es, the abov	e-named corp	oration submits this statement for the purpose	of changing its	registered
	registered agent, or both, in the Sta	ite of Florida. Such change was a	uthorized by	i the corecratic	on's board of directors. I hereby accept the an	pointment as red	nistered I
agent 1 a	m familiar with, and accept the obl	igations of Section 607.0505. Flor	rida Statutes	s.	on a board of directors. Thereby accept the ap	po	giotorea
agent: I a	im familiar with, and accept the obl	igations of; Section 607.0505, Flor	rida Statutes	s.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	, , , , , , , , , , , , , , , , , , ,	giotored
agent: I a	m familiar with, and accept the obl				d when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE:	Registered Age		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS PST	agent and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE		d when reinstating) DATE		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS PST SCHULER, MICHAEL K.	agent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME	nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PST SCHULER, MICHAEL K. 9030 RIDGELAND DRIVE	agent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PST SCHULER, MICHAEL K.	agent and title if applicable. (NOTE: AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS PST SCHULER, MICHAEL K. 9030 RIDGELAND DRIVE	agent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS PST SCHULER, MICHAEL K. 9030 RIDGELAND DRIVE	agent and title if applicable. (NOTE: AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PST SCHULER, MICHAEL K. 9030 RIDGELAND DRIVE MIAMI FL	agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	TADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PST SCHULER, MICHAEL K. 9030 RIDGELAND DRIVE	agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1	TADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	RS IN 12 Addition
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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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90050 017 ***150.00