

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

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Feb 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M54397** (8)

1. Corporation Name
KRYSTAL MARCUS REALTY & ASSOCIATES, INC.



Principal Place of Business 3025 AVENTURA BLVD. SUITE #37 N. MIAMI BEACH FL 33180 US	Mailing Address 3025 AVENTURA BLVD. N. MIAMI BEACH FL 33180-3122 US
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3. Date Incorporated or Qualified 06/23/1987	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 20803 Biscayne Blvd. Suite, Apt. #, etc. 22 Suite 105 City & State 23 Aventura, FL Zip 24 33180	2a. Mailing Address 26 20803 Biscayne Blvd. Suite, Apt. #, etc. 27 Suite 105 City & State 28 Aventura, FL Zip 29 33180
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4. FEI Number 65-0092136	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent
**PERLOW, JEFFREY M., ESQ.
PERLMAN AND PERLOW P.A.
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

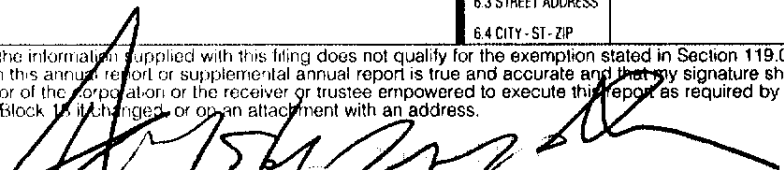
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PST ☐ DELETE
NAME	MARCUS, KRYSTAL C.
STREET ADDRESS	19655 EAST COUNTRY CLUB DR., #508
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	V ☐ DELETE
NAME	MARCUS, JUDITH
STREET ADDRESS	19655 EAST COUNTRY CLUB DR., #508
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	16711 Collins Ave.
2.3 STREET ADDRESS	Apt. 1905
2.4 CITY-ST-ZIP	Miami Beach, FL 33160
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE:  **2/3/97 305-932-2910**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)