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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000001861

1. Corporation Name

SOUTH FLORIDA BOARD OF REALTISTS, INC.

Principal Place of Business	Mailing Address
18350 NW 2ND AVE. STE. 1500 MIAMI FL 33169	18350 NW 2ND AVE. STE. 1500 MIAMI FL 33169

2. Principal Place of Business 21	2a. Mailing Address 26 18350 N.W. 2ND. AVE	3. Date Incorporated or Qualified 12/31/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 350	4. FEI Number 65-0244264 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Miami FL.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33169 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KEMP, LAMARR D SR. 401 CLANCEY CIRCLE MARGATE FL 33068	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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~~	☒ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	~~HOLNESS, DALE~~		1.2 NAME	Ellis, Joseph	
STREET ADDRESS	~~4325 W. SUNRISE BLVD.~~		1.3 STREET ADDRESS	1000 Ponce Deleon, #212	
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33313~~		1.4 CITY-ST-ZIP	Coral Gables, FL. 33134	
TITLE	DV	☐ DELETE	2.1 TITLE	DV	☐ Change ☒ Addition
NAME	ELLIS, JOSEPH		2.2 NAME	Lesly Bernard	
STREET ADDRESS	1000 PONCE DE LEON, #212		2.3 STREET ADDRESS	111 N.W. 183 Rd. Street #421	
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP	Miami, FL. 33169	
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KONG-HOLNESS, MARIA		3.2 NAME		
STREET ADDRESS	1733 NW 38 AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33311		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, MILTON		4. 2 NAME		
STREET ADDRESS	1000 PONCE DE LEON, #212		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LINWOOD, YOLETTE		5.2 NAME		
STREET ADDRESS	610 NW 183 ST., #2		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, 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.

SIGNATURE: SIGNATURE REQUIRED Joseph A. Ellis 4-28-99 305-314-6237
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #