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 # P95000097666

144 REALTY & INVESTMENT CO., INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90114 012 ***150.00

Principal Place of Business Mailing Address 5201 BLUE LAGOON STE 550 MIAMI FL 33126 5201 BLUE LAGOON STE 550 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE Date incorporated or Qualifed 2. Principal Place of Business 12/22/1995 2a. Mailing Address 21 4. FEI Number 26 Suite, Apt. #, etc. Applied For <u>65-0652262</u> Suite, Apt. #, etc. 22 Not Applicable 27 Certifcate of Status Desired City & State \$8.75 Additional \Box City & State 23 Fee Required 6. Election Campaign Financing 28 Zip \$5.00 May Be Country Trust Fund Contribution Zip 24 Country Added to Fees 25 8. This corporation owes the current year Intangible 29 9. Name and Address of Current Registered Agent 30 Personal Property Tax. Yes 10. Name and Address of New Registered Agent □No GROSS, STEWART F Name 5201 BLUE LAGOON STE 550 Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33126 83 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 84 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS me 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE JAME 1.1 T/TLE GROSS, JODY TREET ADDRESS 5201 BLUE LAGOON STE 550 1.2 NAME ☐ Addition MIAMI FL 33126 TY-ST-ZIP 1.3 STREET ADDRESS ITLE 1.4 CITY-ST-ZIP ☐ DELETE ME GROSS, STEWART F. 2.1 TITLE 5201 BLUE LAGOON DRIVE STE. 550 2.2 NAME Change TREET ADDRESS ☐ Addition TY-ST-ZIP MIAMI FL 33126 2.3 STREET ADDRESS 1E 2.4 CITY-ST-ZIP ☐ DELETE ИE 3.1 TITLE ☐ Change REET ADDRESS 3.2 NAME ☐ Addition Y-ST-ZIP 3.3 STREET ADDRESS Ε 3.4. CITY-ST-ZIP ☐ DELETE ΙE 4.1 TITLE EET ADDRESS ☐ Change 4. 2 NAME ☐ Addition -ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE Change ET ADDRESS 5.2 NAME Addition 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME ☐ Change TADDRESS ☐ Addition 6.3 STREET ADDRESS

learned 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 supermental 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 allock 12 or Block 13 if changed, or on an attachment with an eddress, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-676-3711