

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90108 039 \*\*\*150.00

03/17/99

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P97000025950**

1. Corporation Name  
**6232 REALTY CORPORATION**



Principal Place of Business  
~~1299 E. COMMERCIAL BLVD.  
 FORT LAUDERDALE FL 33334~~

Mailing Address  
~~1299 E. COMMERCIAL BLVD.  
 FORT LAUDERDALE FL 33334~~

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**03/17/1997**

4. FEI Number  
**65-0747723**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 **6232 Pembroke Rd.**

22 Suite, Apt. #, etc.

23 **Miramar, FL**

24 **33023** 25 **USA**

2a. Mailing Address

26 **P.O. Box 450520**

27 Suite, Apt. #, etc.

28 **Sunrise FL**

29 **33345** 30 **USA**

9. Name and Address of Current Registered Agent

**STERNBERG, PAUL**  
**1299 E. COMMERCIAL BLVD.**  
**FORT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name **Lawrence Miano, Esq.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**110 S.E. 6 Street**

83

84 City **Ft. Lauderdale** 85 Zip Code **FL 33301**

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 607.0503, Florida Statutes.

SIGNATURE DATE **2/26/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>STERNBERG, PAUL</b>	
STREET ADDRESS	<b>1299 E. COMMERCIAL BLVD</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33334</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>Dir</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Paul Sternberg</b>	
1.3 STREET ADDRESS	<b>6232 Pembroke Rd.</b>	
1.4 CITY-ST-ZIP	<b>Miramar, FL 33023</b>	
2.1 TITLE	<b>Pres.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Elizabeth Sternberg</b>	
2.3 STREET ADDRESS	<b>6232 Pembroke Rd.</b>	
2.4 CITY-ST-ZIP	<b>Miramar, FL 33023</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: DATE **2/26/99** DAYTIME PHONE # **954-891-2718**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (11/98)