FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:45

DOCUMENT # **V52124** **(7)**

1. Corporation Name
GROSHIRE REALTY CORP.

Principal Place of Business	Mailing Address
10180 NW 5TH ST. PLANTATION FL 33324	10180 NW 5TH ST. PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1992
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 501 Golden Isles DR.	26 501 Golden Isles DR
Suite, Apt. #, etc. 22 Suite 206-C	Suite, Apt. #, etc. 27 Suite 206-C
City & State 23 Hallandale FL	City & State 28 Hallandale FL
Zip 24 33009 Country 25 USA	Zip 29 33009 Country 30 USA

4. FEI Number: 65-0347785 ☐ 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

WEISSLER, ROBERT I.
2200 MUSEUM TOWER
150 W FLAGLER ST.
MIAMI FL 33130-4997

10. Name and Address of New Registered Agent

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 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: Rochelle Mac, Pres. 5/25/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when reinstating) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	GROSS, STEVEN D.	12 NAME	
STREET ADDRESS	10180 NW 5TH ST.	13 STREET ADDRESS	501 Golden Isles DR, Suite 206-C
CITY ST ZIP	PLANTATION FL	14 CITY ST ZIP	Hallandale, FL 33009
TITLE	P	21 TITLE	☒ Change ☐ Addition
NAME	MALKIN, ROCHELLE	22 NAME	
STREET ADDRESS	10180 NW 5 STR	23 STREET ADDRESS	501 Golden Isles DR, Suite 206-C
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP	Hallandale, FL 33009
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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: Rochelle Mac Rochelle Malkin, Pres. 5/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

305-341-1444
Daytime Phone #

0233461 CP