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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

GERAM REALTY, INC.

| ing Address | |
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| W TRANSWINNS AVE | |

FILED

Jan 21 1998 8:00am

Secretary of State

Mai Principal Place of Business 258 COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/24/1992 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 65-0363441 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BEGGS, WILLIAM F. 2929 E COMMERCIAL BLVD Street Address (P.O. Box Number is Not Acceptable) PENTHOUSE A 83 FT LAUDERDALE FL 33308 Zip Code 84 City 85 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 Signature, typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ■ DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE POINTEK, KONSTANTIN 1.2 NAME NAME 258 COMMERCIAL BLVD 1.3 STREET ADDRESS STREET ADDRESS LAUDERDALE BY THE SE 1.4 CITY - ST - ZIP CITY-ST-ZIP ___ Addition Change ___ DELETE TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

ted with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the teckiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a attachment with an address. 14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation or the Block 12 or Block 13 if changes, or on a

SIGNATURE:

REQUIRED

CR2E034