## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



J05601

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(6)

**DOCUMENT #** 

FIRST FLORIDA REAL ESTATE CORP.

Maling Address

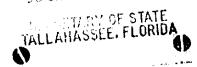
Principal Pace of Business 1322 N.E. 4TH AVENUE FT LAUDERDALE FL 33304

**SIGNATURE:** 

1322 N.E. 4TH AVENUE FT LAUDERDALE FL 33304

APPROVED AND FILED

96 JAN 30 PM 5: 24



					3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Pancipal Pla	aco of Business	2a. Mailing Address			03/19/1986 4. FEI Number	06/14/1995 Applied For	
2. PHIODELFIC	IGC OF DUSTINGS	26			59-2656774	Not Applicable	
Suite, Apt #	∜, etc	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	<del></del>	City & State			6. Election Campaign Financing	\$5.00 May Be	
3		28			Trust Fund Contribution	Added to Fees	
Zψ	Country	Zip	Country		8. This corporation has liability for in	*	
4	[25]	[29]	30		Florida Statutes Yes		
i:	9. Name and Address of Cur	rent Registered Agent	81	Manage	10. Name and Address of New Re	gistered Agent	
1			6,1	Name			
JULES, HENRY 7380 PLANTATION RD.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83	02			
PLANIA	ΠON FL 33311		63				
			84	City		85 Zip Code	
44 10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00	A N		ation submits this statement for the purp	<u> </u>	
	ed agent, or both, in the State of F h, and accept the obligations of, S			oration's boari	d of directors. I hereby accept the appoi	ntment as registered agent. I am	
	Supporter, type the printed many of regulared a		NOTE Registered Agen	it signatura recivired		DATE	
12.	OFFICERS,	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·	
€[.F	P HERE	[]] DELETE	1. 1 THLE			Change  Addition	
(AM)	LEONOR JULES		1.2 NAME				
STREET AFORESS	1604 N.W. 7TH AVE.		1 3 STREET				
ONY SEZIE UNIO	FT. LAUDERDALE FL 3331	T DELETE	-14 CHY-S 2 1 TITLE	T - ZIP	7000	o i Bas You.	
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14f. l		[] DELETE	3 1 TITLE			Change Addition	
NAME		Box of	3.2 NAME			<b>-</b> • <b>-</b>	
SPREED ADDRESS			3.3 STREET	ADDRESS			
City - ST - ZiF			3 4 CHTY - S	T- <b>Z</b> IP		•	
HILF		[] DELETE	4 1 TITLE			Change Addition	
VAM9			4.2 NAME				
S RELEADORESS			4 3 STREET	ADDRESS			
CITY - S.E - ZIF			4 4 City - S	T - ZIP			
THUE		[]] DELETE	5 1 TITLE			Change Addition	
NAM:			5.2 NAME				
STREET ACCRESS			5 3 STREET	ADDRESS			
3th St-70]			5.4 CITY - S	T - ZIP			
11111		[] DEFEIR	6 1 TITLE			Change Addition	
NAM.			6.2 NAMÉ				
STREET ACCUSESS			6.3 STREET	ADDRESS	3 1/2×/a/		
CITA-ST-516			& 4 CiTY-S	1-21P	0 1120146		
cert'v that	i the information indicaled on fais a	onual report or supplemental as	nnual report is tru	io and accurat	or the exemption stated in Section 119.0 te and that my signature shall have the s	ame legal effect as it made under :	
oath, that appears in	Fairi ari officer or director of the co ⊢Block 12 or Blogk 13 if changed⊸	rporation or the receiver or trus or on an attachment with an ad	itee empowered l Idress.	to execute this	report as required by Chapter 607, Flor	ida Statutes; and that my name	