

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 292028 (8)

1. Corporation Name

FELIX REALTY CO.



Principal Place of Business

Mailing Address

C/O SAMUEL A. BRODNAX JR.  
201 SOUTH BISCAYNE BLVD. STE 2400  
MIAMI FL 33131-9399

C/O SAMUEL A. BRODNAX JR.  
201 SOUTH BISCAYNE BLVD. STE 2400  
MIAMI FL 33131-9399

3. Date Incorporated or Qualified  
04/19/1965

3a. Date of Last Report  
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 201 So. Biscayne Blvd.

26 201 So. Biscayne Blvd.

4. FEI Number

59-1115769

Applied For

Not Applicable

22 Suite 2400

27 Suite 2400

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Miami, FL

28 Miami, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

24 33131

25 USA

Zip

Country

29 33131

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRODNAX, SAMUEL A.  
201 SOUTH BISCAYNE BLVD  
SUITE 2400  
MIAMI FL 33131

81 Name

JAMES W. SHINDELL

82 Street Address (P.O. Box Number is Not Acceptable)

201 So. Biscayne Boulevard

83

Suite 2400

84 City

Miami

FL

85 Zip Code  
33131

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

JAMES W. SHINDELL

4/19/96

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME BRODNAX, SAMUEL A., JR.  
STREET ADDRESS 201 S. BISCAYNE BV #2400  
CITY-ST-ZIP MIAMI FL

1.1 TITLE

P

☒ Change ☐ Addition

TITLE ST ☒ DELETE  
NAME SHINDELL, JAMES W  
STREET ADDRESS 201 S. BISCAYNE BV #2400  
CITY-ST-ZIP MIAMI FL

1.2 NAME

LEE, T.K.

1.3 STREET ADDRESS

145 E. 50 Street, Suite 6A

1.4 CITY-ST-ZIP

New York, NY 10022

TITLE V ☐ DELETE  
NAME LEE, T K  
STREET ADDRESS 145 E 50 STR ROOM 6A  
CITY-ST-ZIP NEW YORK, NY 00000

2.1 TITLE

V/S/T

☒ Change ☐ Addition

TITLE V ☐ DELETE  
NAME YOUNG, SALLY W  
STREET ADDRESS 201 S BISCAYNE BLVD, STE 2400  
CITY-ST-ZIP MIAMI FL

2.2 NAME

YOUNG, Sally W.

2.3 STREET ADDRESS

1050 NORTH POINT STREET, Apt. 801

2.4 CITY-ST-ZIP

SAN FRANCISCO, CA. 94109

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.2 NAME

☐ Change ☐ Addition

3.3 STREET ADDRESS

☐ Change ☐ Addition

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

☐ Change ☐ Addition

4.3 STREET ADDRESS

☐ Change ☐ Addition

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

☐ Change ☐ Addition

5.3 STREET ADDRESS

☐ Change ☐ Addition

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

☐ Change ☐ Addition

6.3 STREET ADDRESS

☐ Change ☐ Addition

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. K. Lee

4/19/96

(212) 308-1053

Date

Daytime Phone #

CR2E034 (12/95)