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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # 112336

1. Corporation Name

HIALEAH REALTY CO. INC.

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90159 003 \*\*\*150.00



Principal Place of Business Mailing Address				T I I I I I I I I I I I I I I I I I I I	1 E1841 and 11 and 11	1011 01011 1001
830 E 1ST AVE 830 E 1ST AVE HIALEAH FL 33010						
				DO NOT WRITE IN TH	S SPACE	· -
				3. Date Incorporated or Qualifed 12/04/1926		
2. Principal P	lace of Business	2a. Mailing Address	1 - 4 - 6	4. FEI Number	Ap:	plied For
21 58	15 S.W 26 ST	2a. Mailing Address 26 58/5 S. U	N. 26 5T	59-6062626	No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re	- 19
City & State City & State				6. Election Campaign Financing	\$5.00	May Be
23	FLORI DA	28 MIAMI, I	ドレ	Trust Fund Contribution	Added to	, ,
Zip	Country	Zip	Country	8. This corporation owes the current year t		
24 331	55 25 USA	29 33155 30	USA	Personal Property Tax.		□No
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent						
RAI IC	DUV DOBEDT S		81 Name			1
MURPHY, ROBERT S 830 E 1ST AVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33010			5 5	715 3 W. 26 ST		
HIAL	EAN FL 33010		83	· .		[
			84 City 14	110/01/1	85 Zip C	Code 0155
			/m.	IAMI F		
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 ager		egistered Agent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	ND DIDECTO	DE IN 12
12.	PD OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS /	Change	Addition
TITLE	MURPHY,R S				C onlange	
NAME	830 E 1ST AVE		1.2 NAME			
STREET ADDRESS	HIALEAH FL	!	1.3 STREET ADDRESS			Į
CITY-ST-ZIP	SD TE	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition
	MURPHY, JOHN	- Dettere	2.2 NAME			
NAME	830 E 1ST AVE		2.3 STREET ADDRESS			
STREET ADDRESS	HIALEAH FL	ļ				{
CITY-ST-ZIP TITLE	INALEATITE	□ DELETE	2.4 CITY: ST-ZIP		Change	Addition
NAME		<u> </u>	3.2 NAME		•	_
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			3.4. CITY+ST-ZIP			
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NAME			4, 2 NAME			_ {
1						1
STREET ADDRESS	n	•	4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	<u></u>	☐ DÉLETE	5.1 TITLE		Change	Addition
NAME		<del>_</del>	5.2 NAME			{
STREET ADDRESS			5.3 STREET ADDRESS			}
CITY-ST-ZIP			5.4 CITY-ST-ZIP	•		
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME		<b>—</b>	6.2 NAME			1
STREET ADDRESS			6.3 STREET ADDRESS			
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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.

KX MULTING POSIGNURPHY
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

305 665 8306