FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # . 200023 (0)FIRST FEDERAL REALTY INC. Principal Place of Business Mailing Address 151 VARIETY TREE CIRCLE 151 VARIETY CIRCLE **ALTAMONTE SPPINGS FL 32714** ALTAMONTE SRPINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1957 ncipal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-0816884 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes □ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LICHT, HERBERT 17909 OLD CHENY H'WAY ORLANDO FL 33140 Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the Julyanions of, Section 607.0505, Florida Statutes. Pursuant to the provisions of office or registered agent, of agent. Fam familiar with, and 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE LICHT, HERBERT 12 NAME NAME 17909 OLD CHENY H'WAY STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TOLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TALE 3.1 1ITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZI₽ DELFTE Change Addition TITLE 4.1 10 LE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

emental anytial report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an he receipt or trustro on yowered to execute this report as required by Chapter 607, Fjorida Statutes; and that my name appears in

6.4 CITY - ST - ZIP 14. Thereby 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

6.1 TITLE 6.2 NAME

DELETE

CICNATUDE

Block 12 or Block 13 if changed, or on an

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Change

Addition