

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 217574

1. Corporation Name
CATAMAL REALTY INC

Principal Place of Business
**3001 PONCE DELEON BLVD
SUITE 200
CORAL GABLES FL 33134**

Mailing Address
**3001 PONCE DELEON BLVD
SUITE 200
CORAL GABLES FL 33134**

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90136 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1958

4. FEI Number

59-0881793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees.

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**MAXEY, WIRT T.
3001 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SMITH, LYN**
STREET ADDRESS **410 DEERWOOD**
CITY-ST-ZIP **LONGVIEW TX 75604**

TITLE ☐ DELETE
NAME **PTD MAXEY, WIRT T**
STREET ADDRESS **6911 SUNRISE PLACE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☒ DELETE
NAME **VD SMITH, LYN M**
STREET ADDRESS **1500 SPRINGDALE STREET**
CITY-ST-ZIP **LONGVIEW TX**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **SMITH, LYN**
1.3 STREET ADDRESS **3455 ASHMORE LANE**
1.4 CITY-ST-ZIP **PACE, FL 32571**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VSD MAXEY, REBECCA A.**
2.3 STREET ADDRESS **6911 SUNRISE PLACE**
2.4 CITY-ST-ZIP **CORAL GABLES, FL 33133**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D BOYD, CAROL**
3.3 STREET ADDRESS **8711 N.W. 35th PLACE**
3.4 CITY-ST-ZIP **GAINESVILLE, FL 32654**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WIRT T. MAXEY, PTD

1/8/99

(305) 446-7666

Date

Daytime Phone #

CR2E034 (11/98)