

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90076 023 ***150.00

DOCUMENT # 234594

1. Corporation Name

AMERICAN REALTY GROUP, INC.

AMERICAN REALTY GROUP, INC.
514 SANDY HOOK ROAD
TREASURE ISLAND, FL 33706-1213

Principal Place of Business

7310 CENTRAL AVE.
ST. PETERSBURG FL 33707

Mailing Address

7310 CENTRAL AVE.
ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1967

4. FEI Number

59-1151587

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

514 SANDY HOOK Rd

2a. Mailing Address

514 SANDY HOOK Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TREASURE ISL FL

City & State

TREASURE ISL FL

Zip

33706-1213

Country

USA

Zip

33706-1213

Country

USA

9. Name and Address of Current Registered Agent

ALTON, ARLEN S
7310 CENTRAL AVE.
ST PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name

ALTON, ARLEN S

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

514 SANDY HOOK Rd

83

84 City

TREASURE ISL FL

85 Zip Code

33706-1213

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 **SD** ☐ DELETE

NAME **ALTON, ARTHUR S.**

STREET ADDRESS **15102 15TH ST**

CITY-ST-ZIP **LUTZ FL**

TITLE **PDT** ☐ DELETE

NAME **ALTON, ARLEN S.**

STREET ADDRESS **7310 CENTRAL AVE.**

CITY-ST-ZIP **ST. PETERSBURG, FL 00000**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

514 SANDY HOOK Rd
TREASURE ISL. FL 33706-1213

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
ARLEN S ALTON

4/20/99 **727-363-7788**

Date

Daytime Phone #

CR2E034 (1/98)