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

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:09

DOCUMENT # 280514 (1)

1. Corporation Name
ALAN & LEE REALTY CORP

Principal Place of Business
% T MITCHELL
552 NE 199TH TERR
N MIAMI BCH FL 33179

Mailing Address
Ms Tamara Mitchel
7597 Cinebar Dr
Boca Raton, FL. 33433-6116

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/16/1964
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business
21: 7597 Cinebar Drive
22: Suite, Apt. #, etc.
23: City & State: Boca Raton Fl.
24: Zip: 33433
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-1061651 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KESSLER, BERNARD J. ESQ
150 E. PALMETTO PARK RD.
SUITE #543
BOCA RATON FL 33432

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | KESSLER, HELEN | 1.2 NAME | |
| STREET ADDRESS | 300 DIPLOMAT PKWY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HALLANDALE, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | VDST | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MITCHEL, TAMARA | 2.2 NAME | |
| STREET ADDRESS | ~~552 NE 199TH TERR~~ | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ~~N MIAMI BCH, FL 0~~ | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

Ms Tamara Mitchel
7597 Cinebar Dr
Boca Raton, FL. 33433-6116

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)(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.

SIGNATURE: Tamara Mitchel TAMARA MITCHEL 1/20/95 407 750-0439
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone Number

0195505 CR