FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

*PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **285316** **(6)**

1. Corporation Name

GORFINE REALTY, INC.

Principal Place of Business	Mailing Address
1515 SE 17TH ST., #119 FT. LAUDERDALE FL 33316	820 EAST LAS OLAS FT. LAUDERDALE FL 33301 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **09/23/1964**
3a. Date of Last Report: **07/11/1995**
4. FEI Number: **59-1174244** ☐ 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**

GORENBERG, DON
820 EAST LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

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 of New Registered Agent, if changing) (Name of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GORENBERG, DON		1.2 NAME	820 E LAS OLAS
STREET ADDRESS	1515 SE 17TH ST		1.3 STREET ADDRESS	FT LAUD FL 33316
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GORENBERG, FREDA		2.2 NAME	
STREET ADDRESS	10175 COLLINS AVE #505		2.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL		2.4 CITY-ST-ZIP	
TITLE	SVP	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GORENBERG, DON		3.2 NAME	
STREET ADDRESS	1515 SE 17TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			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			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/26/96 — 954 764 5550 (Area Code & Daytime Phone Number)

CR2E034 (12/95)