

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
'1995



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

APPROVED  
AND  
FILED

95 FEB 27 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **292028** (8)

1. Corporation Name

**FELIX REALTY CO.**

Principal Place of Business

**C/O SAMUEL A. BRODNAX, JR.  
201 SOUTH BISCAYNE BLVD. STE 2400  
MIAMI FL 33131-9399**

Mailing Address

**C/O SAMUEL A. BRODNAX, JR.  
201 SOUTH BISCAYNE BLVD. STE 2400  
MIAMI FL 33131-9399**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/19/1965**

3a. Date of Last Report

**03/22/1994**

4. FEI Number

**59-1115769**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BRODNAX, SAMUEL A.  
201 SOUTH BISCAYNE BLVD  
SUITE 2400  
MIAMI FL 33131**

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 of registration

(If Not Registered Agent Signature Required when re-registering)

(If Not)

12. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **BRODNAX, SAMUEL A., JR.**  
STREET ADDRESS **201 S. BISCAYNE BV #2400**  
CITY-ST-ZIP **MIAMI FL**

TITLE **ST**  
NAME **SHINDELL, JAMES W**  
STREET ADDRESS **201 S. BISCAYNE BV #2400**  
CITY-ST-ZIP **MIAMI FL**

TITLE **V**  
NAME **LEE, T K**  
STREET ADDRESS **145 E 50 STR ROOM 6A**  
CITY-ST-ZIP **NEW YORK, NY 00000**

TITLE **V**  
NAME **YOUNG, SALLY W**  
STREET ADDRESS **201 S BISCAYNE BLVD, STE 2400**  
CITY-ST-ZIP **MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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(1)(b), 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: *Samuel A. Brodnax, Jr.* Samuel A. Brodnax, Jr., Pres. 2/13/95 (305) 372-2400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR