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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **292028** **(8)**

1. Corporation Name

FELIX REALTY CO.

Principal Place of Business	Mailing Address
~~C/O SAMUEL A. BRODNAX, JR.~~ 201 SOUTH BISCAYNE BLVD. STE 2400 MIAMI FL 33131-9399	~~C/O SAMUEL A. BRODNAX, JR.~~ 201 SOUTH BISCAYNE BLVD. STE 2400 MIAMI FL 33131-9399
c/o James W. Shindell	c/o James W. Shindell

2. Principal Place of Business	2a. Mailing Address
21 201 So. Biscayne Blvd.	26 201 So. Biscayne Blvd.
Suite, Apt. #, etc. 22 Suite 2400	Suite, Apt. #, etc. 27 Suite 2400
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33131 / 25 USA	Zip / Country 29 33131 / 30 USA

3. Date Incorporated or Qualified: **04/19/1965**
3a. Date of Last Report: **02/27/1995**

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~BRODNAX, SAMUEL A.~~ 201 SOUTH BISCAYNE BLVD SUITE 2400 MIAMI FL 33131	81 Name: JAMES W. SHINDELL 82 Street Address (P.O. Box Number is Not Acceptable): 201 So. Biscayne Boulevard 83 Suite 2400 84 City: Miami FL 85 Zip Code: 33131

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: _____ JAMES W. SHINDELL 4/19/96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRODNAX, SAMUEL A., JR. 201 S. BISCAYNE BV #2400 MIAMI FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P LEE, T.K. 145 E. 50 Street, Suite 6A New York, NY 10022	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SHINDELL, JAMES W 201 S. BISCAYNE BV #2400 MIAMI FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/S/T YOUNG, Sally W. 1050 NORTH POINT STREET, Apt. 801 SAN FRANCISCO, CA. 94109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEE, T K 145 E 50 STR ROOM 6A NEW YORK, NY 00000	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V YOUNG, SALLY W 201 S BISCAYNE BLVD, STE 2400 MIAMI FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(k), 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: _____ T. K. Lee 4/19/96 (212) 308-1053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #