

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 # 317591 (6)

1. Corporation Name

EVERGLADES REALTY CORP



Principal Place of Business

Mailing Address

456 NE 29TH STREET  
MIAMI FL 33137  
US

701 PARADISO AV  
CORAL GABLES FL 33146  
US

3. Date Incorporated or Qualified

06/08/1967

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1280095

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

Zip

Country

Zip

Country

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

AUERBACH, DAVID  
701 PARADISO AVE  
CORAL GABLES FL 33146

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

DAVID AUERBACH

PRES.

(Not E. Registered Agent signature required when reinstating)

DATE

1-21-96

12. OFFICERS AND DIRECTORS

1. TITLE PSV ☐ DELETE  
2. NAME AUERBACH, DAVID  
3. STREET ADDRESS 456 NE 29TH ST  
4. CITY-ST-ZIP MIAMI FL

5. TITLE ☐ DELETE  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP

9. TITLE ☐ DELETE  
10. NAME  
11. STREET ADDRESS  
12. CITY-ST-ZIP

13. TITLE ☐ DELETE  
14. NAME  
15. STREET ADDRESS  
16. CITY-ST-ZIP

17. TITLE ☐ DELETE  
18. NAME  
19. STREET ADDRESS  
20. CITY-ST-ZIP

21. TITLE ☐ DELETE  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition

2. 2 NAME

3. 3 STREET ADDRESS

4. 4 CITY-ST-ZIP ☐ Change ☐ Addition

5. 5 TITLE ☐ Change ☐ Addition

6. 6 NAME

7. 7 STREET ADDRESS

8. 8 CITY-ST-ZIP ☐ Change ☐ Addition

9. 9 TITLE ☐ Change ☐ Addition

10. 10 NAME

11. 11 STREET ADDRESS

12. 12 CITY-ST-ZIP ☐ Change ☐ Addition

13. 13 TITLE ☐ Change ☐ Addition

14. 14 NAME

15. 15 STREET ADDRESS

16. 16 CITY-ST-ZIP ☐ Change ☐ Addition

17. 17 TITLE ☐ Change ☐ Addition

18. 18 NAME

19. 19 STREET ADDRESS

20. 20 CITY-ST-ZIP ☐ Change ☐ Addition

21. 21 TITLE ☐ Change ☐ Addition

22. 22 NAME

23. 23 STREET ADDRESS

24. 24 CITY-ST-ZIP ☐ Change ☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT,

1-21-96 345-661-1876

CR2E034 (12/95)