FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 317600 1. Corporation Name

GOLDEN GATE REALTY, INC.

Principal Place of Business Mailing Address

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90027 022 ***158.75



255 ALHAMBRA CIR 9TH FL CORAL GABLES FL 33134-5102 US	255 ALHAMBRA CIR 9 FL CORAL GABLES FL 33134-5102 US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE
2. Principal Place of Business	2a. Mailing Address		06/08/1967 4. FEI Number	Applied For
201 Alhambra Circle	26 201 Alhambra Ci	rcle	59-1166744	Not Applicable
Suite, Apt. #, etc. 22 12th Floor	Suite, Apt. #, etc. 27 12th Floor	<u> </u>	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Coral Gables, Florida	City & State 28 Coral Gables, F	lorida	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33134 25	Zip Cou 29 33134 30		This corporation owes the current year Interpretation Property Tax. Name and Address of New Registered	Yes No
Kerrigan, Juanita I. 255 Alhambra Circle, 9th Floor			ss (P.O. Box Number is Not Acceptable) Ol Alhambra Circle	Agant
CORAL GABLES FL 33134		83 3	Oth Floor	

Zip Code 33134 Coral Gables 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.

84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change TITLE □ DELETE 1.1 TITLE KERRIGAN, JUANITA I. 1.2 NAME NAME 201 Alhambra Circle 12th Floor 255 ALHAMBRA CIR. 1.3 STREET ADDRESS STREET ADDRESS Coral Gables, Florida 33134 CORAL GABLES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE X Change ☐ Addition 2.1 TITLE TITLE PD · 2.2 NAME NAME MCNAIRY, CHARLES 201 Alhambra Circle 12th Floor 255 ALHAMBRA CIR. 2.3 STREET ADDRESS STREET ADDRESS Coral Gables, Florida 33134 CORAL GABLES FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 3.1 TITLE TITLE GETMAN, DENNIS J. 3.2 NAME NAME 201 Alhambra Circle 12th Floor 255 ALHAMBRA CIR. 3.3 STREET ADDRESS STREET ADDRESS Coral Gables, Florida 33134 CORAL GABLES FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 4.1 TITLE TITLE RAMA, MICHAEL 4. 2 NAME NAME 201 Alhambra Circle 12th Floor 255 ALHAMBRA CIR. 4.3 STREET ADDRESS STREET ADDRESS Coral Gables, Florida 33134 4.4 CITY+ST-ZIP **CORAL GABLES FL 33134** CITY-ST-ZIP 12 Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME RAYMOND, WARREN 201 Alhambra Circle 12th Floor 5.3 STREET ADDRESS 255 ALHAMBRA CIR. STREET ADDRESS Coral Gables, Florida 33134 5.4 CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP 61 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Date Dayline Phone #

CR2E034 (11/98)