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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 325160

(0)

ADVANCE REALTY OF FLORIDA INC. Principal Place of Business Mailing Address 3840 KENT COURT 3840 KENT COURT MIAMI FL 33133-6406 MIAMI FL 33133 3. Date Incorporated or Qualified 3a. Date of Last Report 01/15/1968 04/19/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-1202976 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zφ Country Zıp Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARKS, LAWRENCE 3840 KENT COURT 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33133** 83 84 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 if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition PĎ 1.1 TITLE TITLE MARKS, LAWRENCE NAME 1.2 NAME CR2E034 3840 KENT COURT 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE Change ☐ Addition TITLE 2.1 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAM: 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - \$1 - 20 Addition DELETE 41 TITLE Change TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZiP DELETE Change ☐ Addition TOTAL 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 5.4 CITY - ST - ZiP DELETE 6.1 TITLE Change Addition THE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

14. I do hereby certify that the information su information indicated on this annual repo Lam an officer or director of the corpora appears in Block 12 or Block 13 if that

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

or on an attachment with an address.

Daytime Phone #

FILED

Apr 17 1997 8:00am

Secretary of State