FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 334675 (6)

1. Corporation Name
SOUTHPORT REALTY, INC.

Principal Place of Business	Mailing Address
1635 S MIAMI RD. #1 FORT LAUDERDALE FL 33316 US	1635 S MIAMI RD. #1 FORT LAUDERDALE FL 33316 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/09/1968
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1223883 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MALONEY, SANDRA L
1005 GUAVA ISLE
FORT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name: Jeffrey A. Coleman
82 Street Address (P.O. Box Number is Not Acceptable): 915 Cordova Road
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33316

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: Jeffrey A. Coleman Jeffrey A. Coleman, Pres. 4/20/95
Signature, type or print 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	PVT	1.1 TITLE	President	☒ Change ☐ Addition
NAME	MALONEY, SANDRA L	1.2 NAME	Jeffrey A. Coleman	
STREET ADDRESS	1005 GUAVA ISLE	1.3 STREET ADDRESS	915 Cordova Road	
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE	S	2.1 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	GARLING, CAROL E	2.2 NAME	Noreen Re	
STREET ADDRESS	3115 NE 25 ST	2.3 STREET ADDRESS	2740 Burning Tree Court	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE		3.1 TITLE	Vice-President	☐ Change ☒ Addition
NAME		3.2 NAME	Francine L. Mittelman	
STREET ADDRESS		3.3 STREET ADDRESS	1020 Winding Way	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Baltimore, Maryland 21210	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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(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.

SIGNATURE: Jeffrey A. Coleman Jeffrey A. Coleman, Pres. 4/20/95 (305) 525-6488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0329664 CP