## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(6)

1. Corporation Name

SIGNATURE

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		3. Date Incorporated or Qualified 09/09/1968	3a. Date of Last Report 04/26/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-1223883	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.	A A A A A A A A A A A A A A A A A A A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip Country		untry	8. This corporation has liability for in Florida Statutes X Yes	ntangible tax under s 199.032, ☐ No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
	Tall Hogistoto Page 1	81 Name		
COLEMAN, JEFFREY A. 915 CORDOVA ROAD		82 Street Address (P.O. Box Number is Not Acceptable)		
FORT LAUDERDALE FL 33316		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of Familiar with, and accept the obligations of, S		pove-named corpo- e corporation's boa	ration submits this statement for the pur and of directors. I hereby accept the app	pose of changing its registered office ointment as registered agent. I am

Signature typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1. TITLE TITLE 1.2 NAME COLEMAN, JEFFREY A. NAME 915 CORDOVA ROAD 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 1.4 CITY - \$1 - 712 CITY - ST- ZIP Change Addition DELETE 5T, VP 2. 1 TITLE -67--2.2 NAME RE, NOREEN NAME **2740 BURNING TREE COURT** 2.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 24 CITY-S1-ZIP CITY-ST-7P ☐ Change ncitibbA [ DELFTE 3 1 TITLE TITLE MITTELMAN, FRANCINE L. 3.2 NAME NAME 1020 WINDING WAY 3.3 STREET ADORESS STREET ADDRESS BALTIMORE MD 3 4 CITY - ST - 71F CITY-ST-ZIP [] Change Addition DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 5 1 TITLE TITLE 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETÉ 6. 1 TITLE TITLE NAME 6.3 STREFT ADDRESS STREET ADDRESS

NOTE: Registered Agent signature required when reinstating)

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 earth; 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 a glachment with an address.

SIGNATUR

ffley A Coleman, Yes

(12/95)CR2E034