SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90011 025 ***150.00

DOCUMENT # 358	3909
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GAIL-MAR REALTY, INC.

•			.=			(8%) BUBU 1981/ BUBU 1981/ 1881/ 1883	
Principal Place	e of Business	Mailing Address			I (##188 (III)) I III II II II II II II II II II I	18:1 8:011 8:18:1 8:011 8:021 8:011 1:001	
16111 NORTHWEST 13TH AVENUE 16111 NORTHWEST 13TH AVENUE							
MIAMI FL 33169 MIAMI FL 33169			DO NOT WRITE IN THIS SPACE				
						THIS SPACE	
					3. Date Incorporated or Qualified		
· · · · · · · · · · · · · · · · · · ·				01/29/1970	LAnnilled For		
2. Principal Place of Business 2a. Mailing Address 2b. 800 D.E. 1/45			4. FEI Number	Applied For			
			59-1283608	Not Applicable \$8.75 Additional			
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required -			
22		11 * *			a File ii O a sain File sain		
City & State City & State		_	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
23		***	<u>'</u>	ntn	-		
Zip	Country 25	^{Zip} 33181	30	D'S.A	 This corporation owes the current year Intangible Personal Property. 	Yes No	
24	9, Name and Address of Current	- -	1001	2 - 3	10. Name and Address of New Registe	ered Agent	
	100			81 Name			
	PIRO, BARBARA						
16111 N.W. 13TH AVENUE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	j			
MIAMI FL 33169		83					
				84 City		FL 85 Zip Code	
11. Demonstrate the assistance of exclines 607 0602 and 607 1508. Elocida 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.							
	am tamiliar with, and accept the obligat	ions of, section 607.0505, F	ionua Stat	ules.		1	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	NOTE: Registe	red Agent signature req	quired when reinstating)	ATE G	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TI	T.E		Change Addition	
NAME	SHAPIRO, BARBARA		. 1.2 N/	ME] [2	
STREET ADDRESS	16111 N.W. 13TH AVE.		1.3 ST	REET ADDRESS		S AND DIRECTORS IN 12 Change Addition	
CITY-ST-ZIP	MIAMI FL		1.4 CI	TY-ST-ZIP			
TITLE	VD	DELETE	2.1 TI	TLE		Change Addition	
NAME	SHAPIRO, NORMAN		2.2 N	ME		-	
STREET ADDRESS	16111 NORTHWEST 13TH AVE		2.3 ST	REET ADDRESS			
CITY-ST-ZiP	MIAMI FL		2.4 CI	TY-ST-ZiP	=		
TITLE		DELETE	3.1 TI			Change Addition	
NAME			3.2 N/	ME		·	
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		DELETE	4.1 TI		L-400	Change Addition	
NAME			4.2 N				
STREET ADDRESS				REET ADDRESS			
CITY-ST-7IP				TY-ST-ZIP		ļ	

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.

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change Addition

Change Addition

Gail-Mar Realty, Inc. 1800 N.E. 114 St. Suite 1610 Miami, Fl. 33181

July 12, 1999

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Re: License number: CQ-0029868

To Whom It May Concern:

This letter is to inform you that I had already mailed you a check in the amount of \$150 for my filing fee.

Since my check had not cleared, I called and spoke to one of your representatives. She checked and could not find a record of receiving my check. She then advised me to file again with a new check and notify my bank to put a "stop payment" on the original check in case it did come in for collection.

I feel that my application and check somehow got lost. I would appreciate your understanding in this matter and to please process this form. The corporation has been in good standing since 1970.

Thank you,

Barbara Shapiro, President