

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 359957 (8)

1. Corporation Name

MENDLESON REALTY, INC.



Principal Place of Business

Mailing Address

18330 SW 97 AVENUE
MIAMI FL 33157-5503

18330 SW 97 AVENUE
MIAMI FL 33157-5503

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MCALLISTER, ANN B.
19411 SW 308 STREET
HOMESTEAD, 33030

3. Date Incorporated or Qualified

02/18/1970

3a. Date of Last Report

01/20/1995

4. FEI Number

59-1295898

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 type for printed name of registered agent and the corporation

DATE Registered Agent signed in reported when not stated

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
DPS
MCALLISTER, ANN B
19411 SW 308 ST
HOMESTEAD FL

1.2 CITY-STATE-ZIP ☐ DELETE

2.1 TITLE ☐ DELETE

NAME

2.2 CITY-STATE-ZIP ☐ DELETE

3.1 TITLE ☐ DELETE

NAME

3.2 CITY-STATE-ZIP ☐ DELETE

4.1 TITLE ☐ DELETE

NAME

4.2 CITY-STATE-ZIP ☐ DELETE

5.1 TITLE ☐ DELETE

NAME

5.2 CITY-STATE-ZIP ☐ DELETE

6.1 TITLE ☐ DELETE

NAME

6.2 CITY-STATE-ZIP ☐ DELETE

7.1 TITLE ☐ DELETE

NAME

7.2 CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann B. McAllister

220-96

305-2359277

CR2E034 (12/95)