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

DOCUN 1. Corporation	MENT # 39623	32	(1)					
1	REALTY, INC.							
i.								
Principal Place of Business Mailing Address						{	.iip	
750 E. SAMPLE RD. SUITE 234		750 E SAMPLE ROAD SUITE 234						
POMPANO	BEACH FL 33064		POMPANO BCH FL US	33064		Date Incorporated or Qualified	3a. Date of Last F	Report
						02/21/1972	01/26/1	
2. Principal Pla	ce of Business		Mailing Address			4. FEI Number		Applied For
Suite Apt. #, etc		26	Suite, Apt. #, etc.			59-1379409		Not Applicable
22			7			5. Certificate of Status Desired	1 7	5 Additional Required
City & State			City & State			6. Election Campaign Financing		May Be
23			В			Trust Fund Contribution		ed to Fees
Zip	Country		7 _{lp}	Count	у	8. This corporation has liability for i		199.032,
24	25	29		30		I	□No	
	9. Name and Address of Curren	it Regisi	ered Agent	8	1 Name	10. Name and Address of New R	egistered Agent	
P ∩GE	C ZAHN							
ROGER C. ZAHN 750 E. SAMPLE RD. STE 234				8	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
POMPANO BEACH FL 33064				8	3			
					<u> </u>			
				8	4 City		FL 85 Zi	p Code
11. Pursuant to	the provisions of Sections 607.0502	and 607	'.1508, Florida Statul	es, the above	named corpo	ration submits this statement for the purp	mana of abancing its	registered office
or registere	id agent, or both, in the State of Florid n, and accept the obligations of, Secti	ia. Such	change was authoriz	rea by the cor	poration's boa	and of directors. Thereby accept the appo	antment as registered	l agent. I am
SIGNATURE								
5	Signature, typed or printed name, of registered agent and the diapplicable (NOT).				or signal ife feoria		DATÉ	
12. Tille	OFFICERS AND	TORS DELETE	13.		ADDITIONS/CHANGES TO OFFI			
NAME	ZAHN,ROGER C		☐ DEFEIG	1 1 1111			☐ Change	Addition
STREET ADDRESS	5150 NE 31ST AVE			1.2 NAM(
CITY-ST-ZIP	LIGHTHOUSE PT. FL				ET ADDRESS			
TITLE			DELETE	1.4 CITY-			Change	Addition
NAME				2.2 NAME			Change	
STREET ADDRESS					- FADDRESS			}
CITY-S1-ZIP				2.4 0174	ST-719			
TITLE			☐ DELETE	3 1 11711			☐ Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				33 SIRE	ET ADDRESS			
CITY-ST-Z-P				3.4 C-TY-	ST-ZIP			
TITLE			□ DELETE	4. 1 TITLE			☐ Change	☐ Addition
NAME				4.2 NAME	i			
STREET ADDRESS					.I ADDRESS			
C/TY-ST-ZIP TITLE			☐ DELETE	4.4 CITY - 5.1 TITE			C Char	Fill Address
NAME			- Dittit	5 2 NAME			☐ Change	Addition
STREET ADDRESS					T ADORESS			
CITY-ST-ZIP				5 4 CITY -				
TITLE			DELETE	6 1 Till E			☐ Change	Addition
NAME			_	6.2 NAME				
STREET ADDRESS					LADDRESS			
01tv . CT . 21B				6.4.017/				

14. If 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 composition or the receiver or trustee empowered to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR PRES

954-786-0862

CR2E034 (12/95)