

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 # 399373

(0)

1. Corporation Name

GREAR REAL ESTATE, INC.



Principal Place of Business

2655 NORTH OCEAN DRIVE
BOX 3
SINGER ISLAND FL 33404
US

Mailing Address

2655 NORTH OCEAN DRIVE
BOX 3
SINGER ISLAND FL 33404
US

3. Date Incorporated or Qualified

04/17/1972

3a. Date of Last Report

04/07/1995

4. FEI Number

59-1396042

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GREAR, IRVING
4000 N. OCEAN DRIVE
SINGER ISLAND FL 33404

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 607.0501, Florida Statutes.

SIGNATURE

Irving Grear, Broker

3/12/96

12.

OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | GREAR, IRVING | |
| STREET ADDRESS | 4000 N. OCEAN DRIVE | |
| CITY-ST-ZIP | SINGER ISLAND FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | WOLF, FRAN | |
| STREET ADDRESS | 4011 NW 93RD | |
| CITY-ST-ZIP | CITY OF SUNRISE FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | WOLF, FRAN | |
| STREET ADDRESS | 4011 N.W. 93 RD. | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | GREAR, IRVING | |
| STREET ADDRESS | 4000 N. OCEAN DRIVE | |
| CITY-ST-ZIP | SINGER ISLAND FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GREAR, LINDA | |
| STREET ADDRESS | 14243 BLACKBERRY DRIVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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)(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:

Irving Grear, Broker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

(407) 848-2381

Date Daytime Phone #

CR2E034 (12/95)