

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 417159

1. Corporation Name

MODE REALTY, INC.

Principal Place of Business

8588 POTTER PARK DRIVE
SUITE 500
SARASOTA FL 34238

Mailing Address

3902 NORTHDAL BLVD., SUITE 140E
TAMPA FL 33624

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90208 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1973

4. FEI Number

59-1512201

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYN, MARK J
ONE BISCAYNE TOWER STE 3599
2 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME CULVERHOUSE JR, HUGH F
STREET ADDRESS ONE BISCAYNE TOWER, #3599
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VS
NAME LYNCH, SCOTT
STREET ADDRESS 3903 NORTHDAL BLVD STE 140E
CITY-ST-ZIP TAMPA FL 33624

☐ DELETE

TITLE VT
NAME CASSIDY, EUGENE F
STREET ADDRESS 3903 NORTHDAL BLVD STE 140E
CITY-ST-ZIP TAMPA FL 33624

☐ DELETE

TITLE VAS
NAME PAULMANN, JAMES
STREET ADDRESS 7184 BENEVA ROAD
CITY-ST-ZIP SARASOTA FL 34238

☐ DELETE

TITLE ASAT
NAME TRAMONTANO, LILLIAN
STREET ADDRESS 1408 N. WESTSHORE BLVD., #908
CITY-ST-ZIP TAMPA FL 33607

☒ DELETE

TITLE D
NAME CAPPELLO, ANDREW N
STREET ADDRESS 1408 N WESTSHORE BLVD, #908
CITY-ST-ZIP TAMPA FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Scott Lynch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 1999 (305) 371-3600

Date

Daytime Phone #

CR2E034 (11/98)