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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 451329** 

NORTHGATE REALTY, INC.

Principal Place of Business Mailing Address 18982 NORTHWEST SECOND AVENUE 18982 NORTHWEST SECOND AVENUE MIAMI FL 33169 MIAMI FL 33169-4045 3. Date incorporated or Qualified 3a. Date of Last Report 10/23/1974 04/01/1996 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number Applied For 59-1542554 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 24 30 Yes ☐ No 25 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBINSON, VINELL 18982 NW 2ND AVE. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33169** 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Sociation Typed or proted name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE TIII:E 1 1 TITLE Change Addition ROBINSON, VINELL NAME 1.2 NAME 12660 SW 20TH ST STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL CITY-ST-7IP 14 CITY-ST-ZIP DELETE 21 TITLE Addition THLE Change CARTER, NADAL NAME 22 NAME 320 NW 190 ST STREET ADORESS 23 STREET ADDRESS MIAMI FL CITY-ST-7P 2 4 CITY - ST - ZIP DELETE DILE 31 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-2if Y-ST-ZIP DELETE TITLE 4.1 Ti Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHT-S1-ZIP DELETE TOUR 5.1 TITLE ☐ Addition MAMA 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS OHY-S1-709 5.4 CITY-ST-ZIP DELETE

6.1 TITLE

6.2 NAME

14. I do 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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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

301-652,8500

Change

Addition

**FILED** 

Apr 22 1997 8:00am

Secretary of State

SIGNATURE:

appears in Block 12 or Block 13 if changed

TITLE

NAME

STREET ACCRESS