## 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

485021

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DOCUMENT #

FLEMING REALTY, INC.

1 6600	ita ilizati, iito								
Principa' Place	of Business	Mailing Address				I KODIN BIODI IBIDI DINK ODNE M	EDI 1404 BIBAL B		ARE MINISTERNIS REPORT
4900 W. AT	LANTIC BLVD.		4900 W. ATLANTIC BLVD.						
#7		#7	#7						
MARGATE FL 33063 MARGATE FL 33063				3. Date incorporated or Qu			alified 3a. Date of Last Report		
						09/25/1975		04/11/19	
2. Principal Pla	nce of Business	2a. Mailing Address				4. FEI Number	4		Applied For
21		26				<b>59-1625688</b> Not			Not Applicable
Suile, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired [7] \$8.75 Add			
22		27	Ca. 9 Chair			1			Required
City & State		28	City & State			6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
23 Zip	Country	- +- <b>- -</b>	Zip Country			This corporation has liability for	intangible t		
24			30	·· · · · · · · · · · · · · · · · · · ·		Florida Statutes XX Yes \( \sum \colon \) No			
	g. Name and Address of Current			Ĭ	•	10. Name and Address of New I	Registered	Agent	
				81	Name	11 0 03 1			
FLEMIN	<del>ig, gerald l &amp; erlene h</del>			82	Gera.	1d F. Fleming ss (P.O. Box Number is Not Acceptal	hleì		M 1440MW III
- 955 NW 67-AVE				02		N.W. 62 Ave.			
-MARG/	NTE FL 33063			83					
				84	City			Ter 7.	ıp Code
				64	City Marga	ate	FL		33063
or register	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid	ia. Such change was authoria	zed by the c	ove-n	amed corbora	ition submits this statement for the pu	irpose of ch pointment as	anging its i registered	registered office d agent. I am
	h, and accept the obligations of, Secti-	on 607.0505, Florida Statute:	S.						
SIGNATURE .	Signature, typed or printed namic of registered agent	and tire 1 applicable (N	OTE Registered	i Ageril	Esignature regionis l	which renalating)	ĐATĒ.		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
TIBLE	PD	XI DELETE	XI DELETE 1.11		]			Change	☐ Addition
NAME	-FLEMING, GERALD L		1.2 NAME						
SPREET ADDRESS	955 NW 67 AVE		1.3 STREET ADDRESS		ADDRESS				
CITY - ST - ZIP			14C	1.4 CITY - S7 - ZIP					
TIILE	SD X DELETE		2 1 T	2 1 TITLE			l	Change	Addition
NAME	-FLEMING, ERLENE H		2 2 NAME						
STREET ADDRESS	955 NW 67 AVE		23 STREET A		ADDRESS				
CITY - ST - ZIP	MARGATE, FL 00000		240	2.4 CHY - ST - ZIP					
TITLE	President DELFTE		3 1 TITLE					Change	xxx Add tion (
NAME	Gerald F. Fleming		3.2 NAA						Į
STREET ADDRESS	2508 N. W. 62nd Av	/e.			ADDRESS				
CITY-ST-7IP	Margate, FL 33063			ITY-S	T-Z)P			T Cosses	[] Addition
TITLE		DELETE	4. 1 T				,	Change	Addition
NAME			4.2 N						
STREET ADDRESS					ADDRESS				
City-St-7iP		E) belete		ITY-S	I - ZIF			Change	Addition
TITLE		DELETE	5 1 7		1			onange	LI MORROIT
NAME			52N		ADDDOOR				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-ST-7IP TITLE				Change	Addition
TITLE			6.2 N				1		
NAME			1		ADDRESS				ļ
STREET ADDRESS					ADDRESS				
CHY-ST-ZIP 14 Ldo hereb	y certify that the information supplied v	with this filing is voluntarily fur	nished and	TY-S doos	s not qualify fo	or the exemption stated in Section 119	0.07(3)(k), Fl	orida Statu	ules. I further
certify that	the information indicated on this anal	al report or supplemental an	nual report	is tru	e and accurat	e and that my signature shall have the	same lega	effect as i	if made under

certify that the information indicated on this appear for supplemental annual report is true and accurate and triat my signature shall have the same legal effect as it made under oath; that I am an officer or director of the opporation or the receiver of true appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE: \_

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 1996 (954)971-3800

Distr.

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