

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 # 487830 (2)

1. Corporation Name

HMS REALTY, INC.

Principal Place of Business

700 N.W. 107 AVE.
MIAMI FL 33172

Mailing Address

700 N.W. 107 AVE.
MIAMI FL 33172



3. Date Incorporated or Qualified
10/16/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-1623210

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSKY, MORRIS J.
700 N.W. 107TH AVE., 4TH FL.
MIAMI FL 33172

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DC
MILLER, LEONARD
STREET ADDRESS
700 N.W. 107 AVE.
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
VD
BOLOTIN, IRVING
STREET ADDRESS
700 N.W. 107 AVE.
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
VD
PEKOR, ALLAN
STREET ADDRESS
700 N.W. 107 AVE.
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
T
SALEDA, M.E.
STREET ADDRESS
700 N.W. 107TH AVE.
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
SD
COLE, ROBERT B.
STREET ADDRESS
700 N.W. 107TH AVE.
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
AS
SANTAELLA, GRACE
STREET ADDRESS
700 NW 107TH AVE
CITY-ST-ZIP
MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000001809810
-03/06/96--91948--042
***200.00

000001811300
-05/07/96--01089--042
***200.00

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:

Grace Santaella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

(305) 229-6400

Date

Daytime Phone #

CR2E034 (12/95)