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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 499372

FIRST CAROLINA REALTY CORP.

	e of Business	Mailing Address					
900 NW 109 A	VENUE	2900 NW 109 AVENUE					
MIAMI FL 33172		MIAMI FL 33172			DO NOT WOITE IN THE		
JS		US			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					03/19/1976		
Principal Place of Business 2a. Mailing Addre			\$		4, FEI Number	H	Applied For
1		26			59-1659382	<u> </u>	Not Applicable
_ Suite, Apt.⊹	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
2		27					
City & State	e	City & State			Election Campaign Financing	• -	00 May Be
3		28			Trust Fund Contribution		led to Fees
Zip	Country	Zip	Count	У	8. This corporation owes the current year In		□No
4	25		30		Personal Property Tax.	Yes	
	9. Name and Address of Curren	t Registered Agent	8	1 Name	10. Name and Address of New Registered	Agent	_
A) (F) A	CUL CTEDUCAL I		l°	1 Name			
	ACH, STEPHEN J.		8	2 Street Address (P.O. Box Number is Not Acceptable)			
	NW 109 AVENUE		L				
MIAM	AI FL 33172		8	3			
			-	A City		85	Zip Code
			8	4 City	FL	_ 65 1	cib Coos
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	thorized b	y the corporati	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	intment a	s registered
Ü	•			15.			
SIGNATURE	Signature, typed or printed name of registered agen				ed when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN		Registered Ag		ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12
SIGNATURE	OFFICERS AN	nt and title if applicable. (NOTE: I		ent signature require		ND DIRE€	
SIGNATURE 12.	OFFICERS AND PDS	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Ag	ent signature require			
SIGNATURE 12. HTLE VAME	PDS AVRACH, STEPHEN J	nt and title if applicable. (NOTE: ID DIRECTORS	13. 1.1 TITLE	ent signature require			
SIGNATURE 12. HTLE VAME STREET ADDRESS	OFFICERS AN PDS AVRACH, STEPHEN J 2900 NW 109 AVENUE	nt and title if applicable. (NOTE: ID DIRECTORS	13. 1.1 TITLE 1.2 NAME	ent signature require			
SIGNATURE 12. HTLE NAME STREET ADDRESS CHY-ST-ZIP	PDS AVRACH, STEPHEN J	nt and title if applicable. (NOTE: ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ent signature require ET ADDRESS ST-ZIP			nge
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