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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997		DIVISION OF	CORPORATIONS		Joeneta	i y OI	State
	MENT # 51 O REALTY, INC.	12864	(0)				ili elelik dadır arası	ALBHA BIJBIN NABN
Principal Place	a of Rusingee	lieM.	ng Address					
3024 EAST COM		ng Augress A WEST PALMETTO	1-8KRPI					
FT. LAUDERDAL		SUITE				3. Date incorporated or Qualified	Sa. Date of L	ast Report
9 Princina' P	lace of Business	2e t	failing Address		 	09/22/1976 4. FEI Number	08/07/199	Applied For
21	idee or business	26	1365 (fosieri V	MAY	59-1700442		Not Applicable
Suite, Apt.	#, etc.		uite, Apt. #, etc.		7	6. Certificate of Status Desired		75 Additional se Required
City & State	0	27	ity & State 17		•]	6. Election Campaign Financing		.00 May Be
23 Zip	Coup	28	Day 10	Country C	<u>ル</u>	Trust Fund Contribution	☐ Ad	ided to Fees
24	Coun 25	29	53428	30 USA		8. This corporation has liability for int Florida Statutes	iangible tax uni Yes 🏻 No	der \$. 199.032,
		ress of Current Register	red Agent			10. Name and Address of New Regi	stered Agent	
BOG 2134 BOCF 11. Pursuant office or r	to the provisions of Se registered agent, or bo	th, in the State of Florida.	. Such change wa	s authorized by the	ned corpo	oration submits this statement for the pu	FL 85	Zip Code ping its registered nt as registered
agent La SIGNATURE	m familiar with, and ac	copt the obligations of, S	Section 607.0505,	Florida Statutes.	·			
12.		me of registered agent and title if a OFFICERS AND DIRECT		OTE Registered Agent sign	ature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	CTORS IN 12
TITLE	P		DELETE	1,1 TITLE	T		Ch:	
NAME STREET ADDRESS	SPADARO, RONAL	.D J. METTO PK. RD. #170	}- -	1.2 NAME 1.3 STREET ADDR	:ss 21	365 GOSISD WA	H/	
CITY-ST-Z-P	BOCA PATON FL		_	1.4 CITY-ST-ZIP	73	365 GOSIER WA OCA RATON PL	3342	\mathcal{B}
THILE			DELETE	21 TITLE			Cha	ange Addition
NAME				22 NAME				
STREET ADORESS				2.3 STREET ADDR	SS			
CITY-ST-ZIP TITLE			DELETE	2. 4 CITY - ST - ZiP 3.1 TITLE			☐ Chi	ange Addition
NAMÉ				3.2 NAME	1			<u> </u>
STREET ADDRESS				3.3 STREET ADDR	ESS	1	• *:	
CITY - S1 - 70°				3.4. CITY-ST-ZIP				
TITLE			☐ DELETE	4.1 TALE			☐ Ch	ange L. Addition
NAME OTDECT ADDRESS	<u> </u>			4.2 NAME				
STREET ADDRESS : Offy-ST-ZP				4.3 STREET ADDR	199			
Trille	····		DELETE	51 TITLE	- - -		Ch	ange Addition
NAME				5.2 NAME				
STREET ADDRESS	ĺ			5.3 STREET ADDR	ESS			
CHY-ST-ZIP				5.4 CITY - ST - ZIP		·		
TITLE			DELETE	6.1 TITLE			L. Ch	ange L Addition
NAME OTOELT ADVOCACO				6.2 NAME				
STREET ADDRESS	ļ			6.3 STREET ADDR	ESS	•		
CITY-S1-7IP 14. I do herel	I by certify that the infor	mation supplied with this	filling does not ou	6.4 CITY-ST-ZIP alify for the exempti	on stated	in Section 119.07(3)(i), Florida Statutes.	I further certify	that the
informatic Lam an o appears i	on indicated on this an officer or director of the iri Block 12 or Block	nual report or supplement corporation or the received characters or an att	ntal annual report i ver at trustee omb agriment with an a	s true and accurate owered to execute taddress.	and that i his report	my signature shalt have the same legal as required by Chapter 607, Florida Ste	effect as if mad stutes; and that	le under oath; that my name