## 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

SIGNATURE:

DOCUMENT # 572441

(4)

| MARCO  | D REALTY AND MANAGE  | MENT COMPANY   |  | <br>   |                                       |       |
|--|--|--|--|--|---------------------------------------|-------|
| Principal Place of Business<br>6431 COW PEN ROAD<br>PO BOX 5152<br>HIALEAH FL 33014-6601 |  | Mailing Address 6431 COW PEN ROAD PO BOX 5152 HIALEAH FL 33014-6801        |  |  |                                       |       |
|  |  |  |  | <ol> <li>Date Incorporated or Qualified<br/>05/19/1978</li> </ol>  | 3a. Date of Last Report<br>05/03/1995 |       |
| 2. Principal Pa  | ace of Business  | 2a. Mailing Address  |  | 4. FEI Number  | Applied Fo                            | or    |
| 21   |  | 26   |  | 59-1881452   | Not Applic                            | cable |
| Suite, Apt #   | t, etc   | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 Addition<br>Fee Required       |       |
| City & State   |  | City & State   |  | 6. Election Campaign Financing   | \$5.00 May Be                         |       |
| 23   |  | 28   |  | Trust Fund Contribution  | Added to Fees                         |       |
| - Zφ1<br>  | Country  | Zip  | Country  | 8. This corporation has liability for  |                                       | ,     |
| 24   | [25]   | [29]   | 30   |  | No No                                 |       |
|  | 9. Name and Address of Curre   | ent Registered Agent   | 81 Name  | 10. Name and Address of New I  | Registered Agent                      |       |
| LECHTM   | IAN, MICHAEL, ATTY.  |  | Ot Name  |  |                                       |       |
|  | I.E. 6 AVE.  |  | 82 Street Add  | dress (P.O. Box Number is Not Acceptal   | ole)                                  |       |
|  | MIAMI BEACH FL 33162   |  | 83   |  |                                       |       |
|  |  |  |  |  |                                       |       |
|  |  |  | 84 City  |  | FL 85 Zip Code                        |       |
| SIGNATURE  | n, and accept the obligations or, Sc<br>Symbol Special phonorable of epocies as<br>OFFICERS A  | ction 607,0505, Florida Statute  stand 51+ (facility alie) N  ND DIRECTORS | S.  DIE Regentreel Agent segledere rispin  13.               | ard of directors. I hereby accept the appoint when remaining.  ADDITIONS/CHANGES TO OFF  | (W)E<br>ICERS AND DIRECTORS IN 12     |       |
| FIRE   | VD   | DECE IE  | 1 1 TIFLE  |  | ☐ Change ☐ Addil                      | dion  |
| NAM#   | MELTZER, ODED T<br>6431 COWPEN ROAD  |  | 1.2 NAME   |  |                                       |       |
| STREET ADDRESS<br>CHTY ST Zie  | MIAMI LAKES FL   |  | 1.3 STREET ADDRESS   |  |                                       |       |
| liftif   | PD   | DELFTE   | 1.4 CITY-S1-ZIP<br>2-1 THLE                                  |  | Change Addit                          | ition |
| NAME   | COMART, MARTIN   | <b>b</b> eaut  | 22 NAME  |  |                                       |       |
| STHEFT AUDRESS   | 4760 CHERRY LAUREL LAN   | NE   | 2.3 STHEET ADDRESS   |  |                                       |       |
| CITY ST ZIP  | DELRAY BEACH FL  |  | 2 4 C(1) - S1 - Z(P  |  |                                       |       |
| liaf   |  | DELETE   | 3 1 TITLE  |  | Change Addit                          | tion  |
| hame.  |  |  | 3 2 NAME   |  |                                       |       |
| STHEFT ADDRESS   |  |  | 3.3 STREET ADDRESS   |  |                                       |       |
| Corr S Z Z<br>Ti'll  |  | DELETE   | 4 1 TITLE  |  | Change Addit                          | tion  |
| NAME   |  | C / Delicit  | 4.2 NAME   |  | ☐ cusilite ← Vanis                    | EIUI1 |
| SERENT ADDRESS   |  |  | 4.3 STREET ADDRESS   |  |                                       |       |
| City-St-ZiP  |  |  | 4.4 CHY - ST - ZIP   |  |                                       |       |
| TILF   |  | ☐ DEVELE   | 5 1 THTLE  |  | Change Addit                          | tion  |
| NAV9   |  |  | 5.2 NAME   |  |                                       |       |
| \$181(1.450.6;55   |  |  | 5.3 STREET ADDRESS   |  |                                       |       |
| City St-ZiF  |  | FTAFIF   | 5.4 City - St - ZiP  |  |                                       |       |
| *101.5   |  | ☐ DELETE   | 6 1 TITLE  |  | Change 🔲 Addit                        | tion  |
| NAME<br>COLLEGE MICHAEL  |  |  | 6.2 NAME   |  |                                       |       |
| STREET ADDRESS   |  |  | 6.3 STREET ADDRESS   |  |                                       |       |
|  | certify that the information supplied  | I with this filing is voluntarily fun                                      |  | for the exemption stated in Section 119  | 07(3)(k) Florida Statutes Thurths     | er    |
| certify that<br>oath; that I   | certify that the information supplied<br>the information indicated on this ad-<br>am an officer or director of the<br>Block 12 or Block 13 if fighty if or | jual <del>yep</del> ort or supplemental and                                | hual report is true and accur<br>se empowered to execute the | for the exemption stated in Section 119<br>ate and that my signature shall have the<br>his report as required by Opupter 607, Fi | same legal effect as if made und      | de    |

PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

305-5183092

Day\*:ne Phone ■