

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 23, 1999 8:00 am
Secretary of State

08-23-1999 90006 007 ***550.00

DOCUMENT # **595049**

1. Corporation Name

SOUTHERN-AIRE REALTY, INC.



Principal Place of Business

**4800 NORTH FEDERAL HWY
STE. 200E
BOCA RATON FL 33431
US**

Mailing Address

**4800 NORTH FEDERAL HWY
STE. 200E
BOCA RATON FL 33431
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1978

2. Principal Place of Business

5823 Vintage Oaks Circle

2a. Mailing Address

5823 Vintage Oaks Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33484

Country

USA

Zip

33484

Country

USA

4. FEI Number

59-1863241

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 owes the current year
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GROSSMAN, HERBERT M
4800 NORTH FEDERAL HWY
STE. 200E
BOCA RATON FL 33431**

81 Name

82 Street

**Herbert M Grossman
5823 Vintage Oaks Circle
Delray Beach, Florida 33484**

83 City

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 **Herbert M Grossman**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

July 20 1999

12. OFFICERS AND DIRECTORS

13.

CTORS IN 12

TITLE **P** ☐ DELETE

NAME **GROSSMAN, HERBERT M**
STREET ADDRESS **4800 NORTH FEDERAL HWY, STE. 200E**
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**Herbert M Grossman
5823 Vintage Oaks Circle
Delray Beach, Florida 33484**

Change ☐ Addition ☐

**ADDRESS
CHANGE**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change ☐ Addition ☐

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: **Herbert M Grossman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/99

561 495 4911

CR2E034 (5/99)

0073992