## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # 6182	279 (4)					
1	DOMINIUM PROPERTIES	& SALES, INC.		 	<u> </u>	(1)	
Principal Place of Business Mailing Address							
2500 E HALLANDALE BEACH BLVD 2500 E HALLANDALE FL 33009 HALLANDALE			LE BEACH BLVD 3009				
				3. Date Incorporated or Q 04/20/1979	ualified <b>3a.</b> Da	ate of Last Report 03/16/1995	
Principal Place of Business		2a. Mailing Address				Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		·	Not Applicable	
22		27			sired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Fina 1 rust Fund Contribution	~ -	\$5.00 May Be Added to Fees	
Ζφ <b>24</b>	Country	- Zφ	Country	8. This corporation has lia	bility for intangible	tax under s. 199.032,	
24]	25 9. Name and Address of Curr	29 ent Registered Agent	[30]	Florida Statutes  10. Name and Address o	Yes □No		
		· · · · · · · · · · · · · · · · · · ·	81 Nam		en negisteret	a Agent	
GLASSER, LLOYE - CANNER & GLASSER 1250 E. HALLANDALE BCH RD			82 Stree	et Address (P.O. Box Number is Not A	dress (P.O. Box Number is Not Acceptable)		
	NDALE FL 33009		83				
, 10, 40°0°1.							
			84 City		FI	85 Zip Code	
familiar with SIGNATURE	ed agent, or both, in the State of Flon, and accept the obligations of, So	ction 607.0505, Florida Statute	S.	corporation submits this statement for 's board of directors. I hereby accept	the appointment a	nanging its registered office as registered agent. I am	
12.	OFFICERS A	ND DIRECTORS	OTE: Hig stored Agent signatur  13.	ADDITIONS/CHANGES	TO OFFICERS AN	ID DIDECTORS IN 12	
TITLE	PSD	☐ DELE FE	U 1 TITLE	ALDERHOND OF TANGES	TO OTTIOERS AN	Change Addition	
NAME	FROMM, KAY ELIZABETH		1.2 NAME	<u></u>			
STREET ADDRESS	2500 E HALLANDALE BCI	H BL	13 STREET ADDRESS	S			
DITY-ST ZIP	HALLANDALE FL		1 4 CHY-ST-ZiP			Change Addition	
NAMÉ		☐ DELETE	2.17.10			Change Addition	
STREET ADDRESS			2.2 NAME				
City - ST - ZiP			2.3 STREET ADORESS 2.4 City-St-Zip	2			
Title		☐ DELFIF	3 1 TIT_F			Change Addition:	
NAME			3.2 NAME			C onergo C Addition:	
STREET ADDRESS			3.3 STREET ADDRESS	s			
CrTY-ST ZIP			3.4 C-TY - ST - ZiP				
TIPLE		DELETE	4 1 TITLE	14		Change Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS	5			
CITY - ST - ZIP TITLE		F"D DELETE	4.4.CiTY - ST - ZIF				
NAME		☐ DELETE	5 11Hz€			Change Addition	
STHEET ADDRESS			5.2 NAME				
CITY-ST-ZIP			5.3 STREET ADDRESS				
TITLE		DELETE	5.4 C-TY - ST - ZIP € 1 TiTLE			F1.0.	
NAME		_ where	6 2 NAME			Change Addition	
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 City of 710				

64.01Y-ST-7IP 64.01Y-ST-7IP 64.01Y-ST-7IP 64.01Y-ST-7IP 64.01Y-ST-7IP 64.01Y-ST-7IP 64.01Y-ST-7IP 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Hay & Lizabeth Homm
SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAY ELIZABETH FROMM/PRES.

Duytine Phone #