FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **631607** **(9)**

1. Corporation Name
CORD REALTY, INC.

Principal Place of Business	Mailing Address
[redacted]	[redacted]
US	US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/01/1979	3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 1374 N. Killian Drive	26 1374 N. Killian Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite A	27 Suite A
City & State	City & State
23 Lake Park, FL	28 Lake Park, FL
Zip / Country	Zip / Country
24 33403 / 25	29 33403 / 30

4. FEI Number: 59-2112263 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORDANI, WILLIAM A. [redacted] 1374 N. Killian Drive Suite A Lake Park, FL 33403	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS		11 TITLE		☐ Change ☐ Addition
NAME	CORDANI, WILLIAM A	1374 N. Killian Dr	12 NAME		
STREET ADDRESS	[redacted]	Suite A	13 STREET ADDRESS		
CITY-ST-ZIP	[redacted]	Lake Park, FL 33403	CITY-ST-ZIP		
TITLE	DVT		21 TITLE		☐ Change ☐ Addition
NAME	CORDANI, ANNE	1374 N. Killian Dr	22 NAME		
STREET ADDRESS	[redacted]	Suite A	23 STREET ADDRESS		
CITY-ST-ZIP	[redacted]	Lake Park, FL 33403	CITY-ST-ZIP		
TITLE			31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE			41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE			51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE			61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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 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: William A. Cordani Pres. WILLIAM A. CORDANI 4/18/95 407-863-9113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0263871 CP