

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 686370 (8)

1. Corporation Name

MANAGEMENT REALTY, INC.

Principal Place of Business

Mailing Address

~~24856 S.W. 177 AVE~~  
HOMESTEAD FL 33031  
US

~~24856 S.W. 177 AVE~~  
HOMESTEAD FL 33031  
US

2. Principal Place of Business

2a. Mailing Address

21 17750 S.W. 248 St.

26 17750 S.W. 248 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Homestead, FL

28 Homestead, FL

Zip

Country

Zip

Country

24 33031

25 USA

29 33031

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VELLANTI, THOMAS A.  
~~24856 S.W. 177 AVE~~  
HOMESTEAD FL 33031

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

17750 S.W. 248 St.

84 City

Homestead,

FL

85 Zip Code

33031

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
PD  
VELLANTI, THOMAS A.  
STREET ADDRESS  
27520 S.W. 164TH CT.  
CITY-ST-ZIP  
HOMESTEAD FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
STD  
VELLANTI, VELIA G.  
STREET ADDRESS  
27520 S.W. 164TH CT.  
CITY-ST-ZIP  
HOMESTEAD FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
VD  
BERRY, MARIA E.  
STREET ADDRESS  
171 OCEAN LANE MM#82  
CITY-ST-ZIP  
ISLAMORADA FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Vellanti, President

05/10/96

Date

(305) 247-6623

Daytime Phone #

CR2E034 (12/95)