

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 691649 (8)  
1. Corporation Name  
CORAL RIDGE REALTY SALES, INC.



Principal Place of Business  
3300 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065

Mailing Address  
3300 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified 06/24/1981  
3a. Date of Last Report 03/22/1995  
4. FEI Number 59-2103316  
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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
26  
27  
28  
29  
30

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

GORDON, K.Y.  
C/O CORAL RIDGE REALTY SALES, INC  
3300 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

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

Kenneth Y. Gordon

4/22/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
AS	LEINDECKER, E C	6 GATEWAY CENTER	PITTSBURGH PA	<input checked="" type="checkbox"/>
VS	TARAVELLA, J.P. J	3300 UNIVERSITY DR	CORAL SPRGS, FL 00000	<input type="checkbox"/>
VS	KIRKPATRICK, T D	3300 UNIVERSITY DR	CORAL SPRINGS, FL 00000	<input checked="" type="checkbox"/>
PD	FAZIO, M.V.	3300 UNIVERSITY DR	CORAL SPRINGS, FL 00000	<input type="checkbox"/>
CASD	MUCCI, M.E.	3300 UNIV DR	CORAL SPRINGS FL	<input checked="" type="checkbox"/>
DT	FAUST, R.E.	801 LAUREL OAK DRIVE	NAPLES FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVS	TARAVELLA, J.P., JR.	3300 University Drive	Coral Springs, FL 33065	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DT	CARLSON, A.J.	801 Laurel Oak Drive	Naples, FL 33963	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CONTROLLER/AS	DISTEFANO, P.L.	3300 University Drive	Coral Springs, FL 33065	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
		900001793569	-04/24/96--01095--034	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
		***200.00		<input type="checkbox"/>	<input type="checkbox"/>

4-24-96

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: J. P. Taravella, Jr., Vice President 4/22/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)