FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90107 004 ***750.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 691649

CORAL RIDGE REALTY SALES, INC.

| 3300 UNIVERSITY DR 9TH FLOOR CORAL SPR NGS FL 33065 US | | 3300 UNIVERSITY DR 9TH FLOOR CORAL SPRINGS FL 330€5 US | | | 3 | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1981 | | | |
|--|-----------------------------------|---|--------------------|-------------------------------------|-------------|---|----------------|---------|------------------|
| 2 Principal P | Place of Business | 2a. Mailing Address | | | - 4 | FEI Number | | | Apr lied For |
| 21 | 1000 01 24411000 | | 0/001 ** 11 0 . 5. | | | 59-2103316 | | | Not Applicable |
| Suite, A xt. #, etc. | | Suite, Apt. #, etc. | | | | \$8.75 Additional | | | A Iditional |
| 22 | | 27 | | | 5 | 5. Certificate of Status Desired | | | Recuired |
| City & Stat | | City & State | | | - | 6. Election Campaign Financing _ \$5.00 | | | 10 May Be |
| 28 Bonita Springs | | | s FL | | | Trust Fund Contribution Added to | | | ed to Fees |
| Zip | Courtry Zip 34134 Country | | | / _A | 8 | 8. This corporation owes the current year intangible | | | |
| 24 | 25 | 29 34134 30 03. | | | | Persor al Property Tax. | | | I⊒No |
| | 9. Name and Address of Current | Registered Agent | | | 10 |). Name and Address of New | Registered | Agent | |
| | | | 81 | Name | Vivi | en Hastings | | | |
| | ICE, MARYANN | 82 Street | | | | (P.O. Box Number is Not Accep | otable) | | |
| | CORAL RIDGE REALTY SALES, IN | NU | 1 | J | | l Walden Center | | | |
| | O UNIVERSITY DRIVE | | 83 | | Suit | a 300 | | | |
| CORAL SPRINGS FL 33065 | | | 84 | City | Suite 300 | | | 85 Zi | in Code |
| | | | | ' | | ta Springs | FL | - ! ! | ip Code 34134 |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nam office or registered agent, or both, in the State of Florida. Such change was authorized by the coagent. 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 (NOT E. Registered Agent signated) | | | | | oration's i | poard of (lirectors, I hereby acc | ept the apt of | 3/26/9 | reg stereu |
| 12. | OFFICERS AND | DIRECTORS | 13. | | | ADDITIONS/CHANGES TO C | FFICERS .W | | |
| TITLE | CAS | ☐ DELETE | 1.1 TITLE | | | | | Chang | ge Addition |
| NAME | DISTEFANO, P L | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 12.50 0000 071112110117 171121102 | | 1.3 STREE | 331KLE1 ADDKC30 1 = 1 = 1 = 1 = 1 | | l Walden Center | | | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | | 1.4 CITY-S | T-ZIP | | ta Springs, FL 3 | 4134 | | |
| TITLE | DVS | □ DELETE | 2.1 TITLE | | DP | | | Chang | ge 🔽 Addition |
| NAME | TARAVELLA, J P JR | | 2.2 NAME | | Alb | Albert F. Moscato, Jr. | | | |
| STREET ADDRESS | 3300 UNIVERSITY DR | | 2.3 STREE | T ADDRESS | 243 | 01 Walden Center | Drive | | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | | 2. 4 CITY- | ST-ZIP | Bon | <u>ita Springs, FL</u> | 34134 | | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | | | | | Chang | ge 🔲 Addition |
| NAME | ADELMAN, STEVEN C | | 3.2 NAME | | | | | | |
| STREET ADDRESS | 23401 WALDEN CENTER DR | | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | | 3.4. CITY-ST-ZIP | | L | | | | |
| TITLE | PD | ₩ DELETE | 4.1 TITLE | | | | | ☐ Chang | ge |
| NAME | HARRISON, THOMAS J. | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | 3300 UNIVERSITY DRIVE | | 4 3 STREE | TADDRESS | | | | | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 4.4 CITY-ST-ZIP | | L | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | | Chang | ge 🔲 Addition |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | 5.3 STREE | TADDRESS | | | | | |
| CITY-ST-ZIP | l | | 5.4 CITY-S | ST-ZIP | | | | | |
| TITLE | | | 6.1 TITLE | | <u> </u> | <u> </u> | | Chang | ge Addition |
| 1 | 1 | | 0.04144 | | ı | | , | | |

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 changes, or on an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

ATHE AND TYPED ON BUTERANTE OF SERVING OFFICE OR CHRETORY

3/26/99 (941) 947-2600

Date

Daytime Phone #