

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90046 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 812360

(6)

1. Corporation Name
REALMART, INC.



Principal Place of Business

5900 N. ANDREWS AVENUE
700A
FT. LAUDERDALE FL 33309
US

Mailing Address

5900 N. ANDREWS AVENUE
700A
FT. LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1957

4. FEI Number

23-1624636

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 38 E 63 RD ST

2a. Mailing Address

26 38 E 63RD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 New York NY

City & State

28 New York NY

Zip

24 10021

Country

25 US

Zip

29 10021

Country

30 US

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RICHARD E. HALPERIN
STREET ADDRESS 35 EAST 62ND STREET
CITY-ST-ZIP NEW YORK, NY

TITLE VD ☐ DELETE

NAME BARRY F. SCHWARTZ
STREET ADDRESS 35 EAST 62ND STREET
CITY-ST-ZIP NEW YORK, NY

TITLE VC ☐ DELETE

NAME LAURENCE WINKLER
STREET ADDRESS 625 MADISON AVE.
CITY-ST-ZIP NEW YORK, NY

TITLE VS ☐ DELETE

NAME DIANNE GLENN
STREET ADDRESS 625 MADISON AVE.
CITY-ST-ZIP NEW YORK, NY

TITLE VAT ☐ DELETE

NAME GERRY ROTH KESSEL
STREET ADDRESS 625 MADISON AVE.
CITY-ST-ZIP NEW YORK, NY

TITLE VAS ☐ DELETE

NAME MAXIN SCHAFER
STREET ADDRESS 625 MADISON AVE.
CITY-ST-ZIP NEW YORK, NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE:

Maxine Schaffer 4/24/99 Vice Pres.

212 5728418

CR2E034 (10/97)