

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90299 010 ***150.00

DOCUMENT # 847697

1. Corporation Name
TRANSCONTINENTAL REALTY OF ARIZONA, INC.

Principal Place of Business
C/O SHAPIRO & WEIL
1666 79TH STREET CAUSEWAY SUITE 608
MIAMI BEACH FL 33141

Mailing Address
7760 WEST 20 AVE
SUITE #1
HIALEAH FL 33016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1980

4. FEI Number

86-0394923

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEIL, MURRAY B JR
1666 KENNEDY CAUSEWAY
SUITE 608
MIAMI BEACH FL 33141

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME WEINTRAUB, SAMUEL
STREET ADDRESS 7760 W 20TH AVE SUITE 1
CITY-ST-ZIP HIALEAH FL 33016

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME WILLIAMS, JAMES
STREET ADDRESS 8519 E PLAZA AVE
CITY-ST-ZIP SCOTTSDALE AZ

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WEINTRAUB, SAM
STREET ADDRESS 7760 W 20TH AVE SUITE 1
CITY-ST-ZIP HIALEAH FL 33141

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME WEIL, MURRAY B JR
STREET ADDRESS 1666 79TH STREET CAUSEWAY SUITE 608
CITY-ST-ZIP MIAMI BEACH FL 33141

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME FULLER, JOHN
STREET ADDRESS 1666 79TH ST CAUSEWAY SUITE 608
CITY-ST-ZIP MIAMI BEACH FL 33141

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: *Samuel Weintraub* 4/14/99 (305) 7-2298

CR2E034 (1/98)

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