

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F33395** (7)  
1. Corporation Name  
**SOBIN REALTY CORPORATION**



Principal Place of Business Mailing Address  
**3165 MCCRORY PLACE  
SUITE 151  
ORLANDO FL 32803**

3. Date Incorporated or Qualified **05/05/1981** 3a. Date of Last Report **02/24/1995**  
4. FEI Number **59-2090715** 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 2a. Mailing Address  
21 **3191 Maguire Blvd.** 26 **3191 Maguire Blvd.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 155** 27 **Suite 155**  
City & State City & State  
23 **Orlando, Florida** 28 **Orlando, Florida**  
Zip Country Zip Country  
24 **32803** 25 **USA** 29 **32803** 30 **USA**

9. Name and Address of Current Registered Agent

**SOBIN, HARRIETT I  
3165 MCCRORY PLACE, #151  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3191 Maguire Boulevard**  
83 **Suite 155**  
84 City **Orlando,** FL 85 Zip Code **32803**

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.)

(P.3)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOBIN, HARRIETT I</b>	12 NAME	
STREET ADDRESS	<b>3165 MCCRORY PL., #151</b>	13 STREET ADDRESS	<b>3191 Maguire Blvd., Ste. 155</b>
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	14 CITY-ST-ZIP	<b>Orlando, FL 32803</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOBIN, HOWARD</b>	22 NAME	
STREET ADDRESS	<b>3165 MCCRORY PL., #151</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 17, 1996 (407) 898 7577

CR2E034 (3/96)