

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 # **F45085** (0)

1. Corporation Name

**M AND N REALTY INVESTMENTS, INC.**



Principal Place of Business

**23434 BARLAKE DR.  
SUITE 906  
BOCA RATON FL 33433-7391  
US**

Mailing Address

**23434 BARLAKE DR.  
SUITE 906  
BOCA RATON FL 34433-7391  
US**

3. Date Incorporated or Qualified

**09/11/1981**

3a. Date of Last Report

**04/28/1995**

4. FEI Number

**59-2156702**

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 M & N REALTY INVESTMENT  
St. 5500 NW 69TH AVE APT 263  
22 LAUDERHILL FL 33319-7273  
Ci.**

Suite, Apt. #, etc.

City & State

Zip Country

**24 25**

Zip Country

**29 30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA REGISTERED AGENTS, INC.  
ONE CENTRUST FINANCIAL CENTER, SUITE 3600  
100 SE 2ND STREET  
MIAMI FL 33131**

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 to whom it applies.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D MARGOLIN, ROBERT  
23434 BARLAKE DR.  
BOCA RATON FL**

☐ DELETE

**DP NACHEMAN, ABE  
23434 BARLAKE DR.  
BOCA RATON FL**

☐ DELETE

**DST NACHEMAN, LILLIAN  
23434 BARLAKE DR.  
BOCA RATON FL**

☐ DELETE

**D MARGOLIN, JAMES  
23434 BARLAKE DR.  
BOCA RATON FL**

☒ DELETE

**D MARGOLIN, JAMES  
23434 BARLAKE DR.  
BOCA RATON FL**

☐ DELETE

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BOCA RATON FL**

☐ DELETE

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23434 BARLAKE DR.  
BOCA RATON FL**

☐ DELETE

**D MARGOLIN, JAMES  
23434 BARLAKE DR.  
BOCA RATON FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**5500 N.W. 69TH AVE. APT. 263  
LAUDERHILL, FL. 33319**

☒ Change ☐ Addition

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

**5500 N.W. 69TH AVE. APT. 263  
LAUDERHILL, FL. 33319**

☒ Change ☐ Addition

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

**5500 N.W. 69TH AVE. APT. 263  
LAUDERHILL, FL. 33319**

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

**ABE NACHEMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/96**

Date

Daytime Phone #

CR2E034 (12/95)