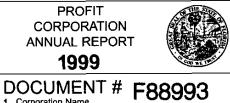
1. Corporation Name

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

**PROFIT** CORPORATION ANNUAL REPORT

1999

TEAM REALTY INC.



- FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

DIVISION OF CORPORATIONS

## Secretary of State

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90171 021 \*\*\*150.00

	1 18118 (18188 1111 B181) <b>(118</b> )	<u> </u>

Principal Place % BRUCE SCO 8333 W. MCNAI TAMARAG FL 3	ott lazar B road	Mailing Address  % BRUCE SCOTT LAZA 8333 W. MCNAB ROAD TAMARAC FL 33321-320				DO NOT WRITE IN THIS SPACE
TAMARAG FL 3	3321-3203	4 STANDARD 15				3. Date Incorporated or Qualifed 06/29/1982
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For 59-2208063 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Faes
Zip	Country 25	Zip <b>29</b>	30 Co	untry	'	8. This corporation owes the current year Intaligible Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent		Τ		10. Name and Address of New Registered Agent
8333	AR, BRUCE S. B W. MCNAB ROAD ARAC FL 33321			82 83 84		Idress (P.O. Box Number is Not Acceptable)
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was ations of, Section 607.0505, F	s authonze Florida Sta	d by tutes	the corporat	propration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
12,		ND DIRECTORS	13.	- Ngc	nt signataro roqui	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	PSD LAZAR, BRUCE S. 8333 W. MCNAB ROAD	DELETE	1.1 T 1.2 M 1.3 S	_	TADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME	TAMARAC FL 33319	☐ DELETE	2.1 T	MLE	ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.4	CITY-S	T ADORESS ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		C) DELETE		IAME TREE	T ADDRESS	☐ △nonige ☐ Modifien
TITLE NAME		☐ DELETE	4.1 T	ITLE NAME		☐ Change ☐ Addition

6.4 CITY-ST-ZIP 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 suppliemental 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

☐ Change

☐ Change

Addition

☐ Addition