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

Mailing Address

200 S. PARK RD.

SUITE 200

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF COFFORATIONS

1999

DOCUMENT # F9400006428

Principal Place of Business

200 S. PARK RD. SUITE 200

MS HOLDINGS REALTY, INC.

HOLLYWOOD F	L 33021 ·	HOLLYWOOD FL 33021					DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
							12/16/1994	_			
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For	
21		26					65-0539626		No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired XIX \$8.75 Additional			1		
22	27						5. Ceruicate of Status Desired 7474	F	ee Re	quired	
City & State	y & State City & State						6. Election Campaign Financing	\$	5.00	May Be	
23	28						Trust Fund Contribution	A	dded t	o Fees	
Zip	Country		Zip Country				8. This corporation owes the current year			_	
24	25	29	30				Personal Property Tax. XXXYes ☐ No				
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
					81 Name						
STOTZER, THEODORE R					82 Street Address (P.O. Box Number is Not Acceptable)						
200 S. PARK RD.											
SUITE 200				83	33					Ì	
HOL	LYWOOD FL 33021			-	+	City		 85	Zip (ode.	
				84	' '	City		FL	Zip (5006	
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.											
agent. I ai	m ramiliar with, and accept the obligati	ions or,	Section 607.0505, Fluida	a Statutes	3.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICER	S AND DIF	RECTO	RS IN 12	
TITLE	PCD	-	☐ DELETE	1.1 TITLE				c	hange	☐ Addition	
NAME	SWERDLOW, MICHAEL J			1.2 NAME			•				
STREET ADDRESS	200 S. PARK RD.			1.3 STREE	T AI	DORESS	*			j	
	HOLLYWOOD FL			1.4 CITY-5)	
CITY-ST-ZIP TITLE	SVPS		(DELETE	2.1 TITLE	<u> </u>				hange	☐ Addition	
ł	STOTZER, THEODORE R			2.2 NAME		1				t	
NAME	200 S. PARK RD.			2.3 STREE	.T AI	DODESS				1	
STREET ADDRESS	HOLLYWOOD FL			2.4 CITY-							
CITY-ST-ZIP	SVP		☐ DELETE	3.1 TITLE	51-	ZIP		ПС	hange	Addition	
TITLE			C DECENE	3.1 MAME						•	
NAME	ATZMON, SIDNEY										
STREET ADDRESS	200 S. PARK RD.			3.3 STREE							
CITY-ST-ZIP	HOLLYWOOD FL		☐ DELETE	3.4. CITY-	ST-	ZiP	4.		hange	Addition	
TITLE	SVP		□ DELETE	4.1 TITLE		\		<u> </u>	, lutigo		
NAME	LEBLANC, ROGER			4. 2 NAME						}	
STREET ADDRESS	200 S. PARK RD.			4.3 STREE							
CITY-ST-ZIP	HOLLYWOOD FL		(7 pr. cr.	4.4 CITY-5	ST-Z	ZIP			hange	Addition	
TITLE	VAST		☐ DELETE	5.1 TITLE 5.2 NAME		1		Пс	nanye	- Addition	
NAME	IAMMATTEO, MARIE					DDDD00					
STREET ADDRESS	200 S. PARK RD.			5.3 STREE							
CITY-ST-ZIP	HOLLYWOOD FL 33021		——————————————————————————————————————	5.4 CITY-S	ST-Z	ZIP				O Addition	
TITLE	•		☐ DELETE	6.1 TITLE				Пс	hange	☐ Addition	
NAME				6.2 NAME						ĺ	
STREET ADDRESS				6.3 STREE	TA	DORESS	•				
CITY-ST-ZIP				6.4 CITY-S	ST-Z	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 emptiwered 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.

SIGN SIGNATURE AND TYPED OR

April 28, 1999

(954) 981-1000

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90097 010 ***158.75

DO NOT WRITE IN THIS SPACE