FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 5 D REALTY, INC. Principal Place of Business Mailing Address 10100 W. SAMPLE RD. P O BOX 934069 SUITE 103 MARGATE FL 33093-4069 **CORAL SPRINGS FL 33065** 3. Date incorporated or Qualified 3a. Date of Last Report 08/11/1982 05/01/1995 4. FEJ Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2225848 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No Ζip Ζφ Country 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name THOMPSON, CHARLES F., III 82 Street Address (P.O. Box Number is Not Acceptable) 10100 W. SAMPLE RD **B.3** SUITE 306-Suite 103 **CORAL SPRINGS FL 33071** 64 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 67/108, 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 Visida. Symptoling was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with/and accept the objection 107/1005, Florida Statutes. SIGNATURE ed agent and title if ap Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change Addition TITLE 1. 1 THUE THOMPSON, CHARLES, III 1.2 NAME STREET ADDRESS 10100 W SAMPLE RD 103 1.3 STREET ADDRESS **CORAL SPRINGS FL** 1.4 C(TY - ST - 2(P CITY-ST-ZIP DELETE 2 1 TITLE Change ☐ Addition 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE 3. 1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS 3.4 C-TY-ST-ZIP CITY-SI-ZIP DELETE Addition TITLE 4 1 TITLE 800001811968 NAME 4.2 NAME -05/07/96--01143--026 STREET ADDRESS 4.3 STREET ADDRESS ***400.00 4.4 CHY-ST-ZIP CITY - S1 - 7(P) DELETE Change Addition 5 1 THILE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6. 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 hirector of the corporation or the resolver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer appears in Block 12 or

6.4 CITY - ST - ZIP

SIGNATURE

CITY - \$T - ZIP

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DIRECTOR

CR2E034 (12/95)