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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90063 039 \*\*\*158.75

DOCUI	MENT # G22825			
1. Corporation	REALTY, INC.			
KNUFA	TEALTI, ING.			I KRANSII ARIO KRAIR MORE SOME MORE ANDE OM ALEM DIRIK BIRKI OKRIS BIRKI OKRIS BIRKI OKRIS I SARI
Principal Place	e of Business	Mailing Address		T ( COLUMN COLO 11010 11010 11010 11010 DIVI BIRLI BIR
4255 S LANDAI	R DR	P O BOX 5409		•
LAKE WORTH FL 33463 LAKE WORTH FL 33466				DO NOT WRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualifed
				02/03/1983
2. Principal Pi	ace of Business	2a, Mailing Address		4. FEI Number Applied For
	2 MARRAGANSETT BAYCT	26		59-2332658 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired S. See Persisted
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
-	INGTON FLORIDA Country	Zip Zip	Country	
Zip 24 334		<b>⊢</b> ' -	o Country	8. This corporation owes the current year Intangible Personal Property Tax.
24 3 2 1	9. Name and Address of Current	<u> </u>		10. Name and Address of New Registered Agent
81 Name Q n				ROBERT W KRUPA
KRUPA, ROBERT W.			82 Street A	Address (P.O. Box Number is Not Acceptable)
4255 S. LANDAR DR.			1123	SZ NARRAGANSETT BAY CT
LAN	E WORTH FL 33463		83	
			84 City	LLINGTON FL 85 Zip Code 334/4
WEL				perpending submits this statement for the purpose of changing its registered
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 a	Robert h	) KRUPA tegistered Agent signature re	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	D Change ☐ Addition
NAME	KRUPA, ROBERT W		1.2 NAME	ROBERT W KRUPA 11252 NARRAGANSGIT BAY CT
STREET ADDRESS	4255 S. LANDAR DR.			1/252 NARCEPOHPSET PORT
CITY-ST-ZIP	LAKE WORTH, FL 00000	☐ DELETE	1.4 CITY-ST-ZIP	WELLIP6TON, FL 33414
TITLE			2.1 TITLE 2.2 NAME	
NAME			2.3 STREET ADDRESS	
STREET ADDRESS			2.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME .			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE		C) Deceir	5.1 TITLE 5.2 NAME	
NAME STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	. Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	·
CITY-ST-ZIP			6.4 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 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, with all other like empowered.

SIGNATURE: