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 # G27228 (7)

1. Corporation Name

HAILE REALTY, INC.

Principal Place of Business	Mailing Address
9120 SW 46 BLVD. GAINESVILLE FL 32608	9120 SW 46 BLVD. GAINESVILLE FL 32608

3. Date Incorporated or Qualified: 03/10/1983
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-2270369 ☐ 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 5300 SW 91 TERRACE	26 5300 SW 91 TERRACE
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 GAINESVILLE FL 32608	City & State 28 GAINESVILLE, FL 32608
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

KRAMER, ROBERT
9120 SW 46 BLVD.
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5300 SW 91 TERRACE
83
84 City GAINESVILLE FL 85 Zip Code 32608

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 ____________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS | **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

	12. Officers and Directors	Delete	13. Additions/Changes	Change	Addition
TITLE	P	☐	1.1 TITLE	☐	☐
NAME	KRAMER, ROBERT		1.2 NAME		
STREET ADDRESS	5300 SW 91 TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		1.4 CITY-ST-ZIP		
TITLE	P	☐	2.1 TITLE ✓	☒	☐
NAME	COOPER, J CLEVELAND III		2.2 NAME		
STREET ADDRESS	5300 SW 91 TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		2.4 CITY-ST-ZIP		
TITLE	V	☐	3.1 TITLE	☐	☐
NAME	KASKEL, MATTHEW		3.2 NAME		
STREET ADDRESS	10295 SW 248 ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33032		3.4 CITY-ST-ZIP		
TITLE	ST	☐	4.1 TITLE	☐	☐
NAME	DOLSAK, CHARLES		4.2 NAME		
STREET ADDRESS	5300 SW 91 TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐	5.1 TITLE	☐	☐
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐	6.1 TITLE	☐	☐
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: ✓ [signature] 5/30/96 352 336 9445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #