

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90095 049 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G27228**

1. Corporation Name  
**HAILE REALTY, INC.**



**Principal Place of Business**

**5300 SW 91 TERRACE  
GAINESVILLE FL 32608  
US**

**Mailing Address**

**5300 SW 91 TERRACE  
GAINESVILLE FL 32606  
US**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

**03/10/1983**

**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 owes the current year intangible  
Personal Property Tax.** ☐ Yes ☒ No

**2. Principal Place of Business**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **25** Country

**2a. Mailing Address**

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **30** Country

**9. Name and Address of Current Registered Agent**

**KRAMER, ROBERT  
9120 SW 46 BLVD.  
5300 SW 91 TERRACE  
GAINESVILLE FL 32608**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box: Number is Not Acceptable)

**9120 SW 46 BLVD**

**use only 5300 SW 91 Terr.**

**84** City

**FL**

**85** Zip Code

**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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**12. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ DELETE  
**NAME** **KRAMER, ROBERT**  
**STREET ADDRESS** **5300 SW 91 TERRACE**  
**CITY-ST-ZIP** **GAINESVILLE, FL 32608**

**TITLE** **V** ☐ DELETE  
**NAME** **COOPER, J CLEVELAND III**  
**STREET ADDRESS** **5300 SW 91 TERRACE**  
**CITY-ST-ZIP** **GAINESVILLE, FL 32608**

**TITLE** **V** ☐ DELETE  
**NAME** **KASKEL, MATTHEW**  
**STREET ADDRESS** **10295 SW 248 ST.**  
**CITY-ST-ZIP** **MIAMI FL 33032**

**TITLE** **ST** ☐ DELETE  
**NAME** **DOLSAK, CHARLES**  
**STREET ADDRESS** **5300 SW 91 TERRACE**  
**CITY-ST-ZIP** **GAINESVILLE FL**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**1.1 TITLE** ☐ Change ☐ Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**3.1 TITLE** ☐ Change ☐ Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

**14. I hereby certify that the information submitted 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/99**

Date

**352-335-7766**

Daytime Phone #

CR2E034 (11/98)