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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:18

DOCUMENT # **G45803** (5)

1. Corporation Name

ROY OWEN REALTY ASSOCIATES, INC.

Principal Place of Business

**8761 S.W. 133 STREET
MIAMI FL 33176**

Mailing Address

**8761 S.W. 133 STREET
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/16/1983

3a. Date of Last Report
05/09/1994

4. FEI Number
59-2310372

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 § 190.02, Florida Statutes ☐ 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

**SHEAR, GARY
8761 S.W. 133 STREET
MIAMI FL 33176**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 in printed name of registered agent and then signed.

Signature typed in printed name of registered agent and then signed.

(Date)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SHEAR, GARY
STREET ADDRESS 8761 S.W. 133 STREET
CITY, ST, ZIP MIAMI FL 33176

TITLE STD
NAME SHEAR, FRANK
STREET ADDRESS 8761 S.W. 133 STREET
CITY, ST, ZIP MIAMI FL 33176

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS

14 **TITLE**
15 **NAME**
16 **STREET ADDRESS**
17 **CITY, ST, ZIP**

18 **TITLE**
19 **NAME**
20 **STREET ADDRESS**
21 **CITY, ST, ZIP**

22 **TITLE**
23 **NAME**
24 **STREET ADDRESS**
25 **CITY, ST, ZIP**

26 **TITLE**
27 **NAME**
28 **STREET ADDRESS**
29 **CITY, ST, ZIP**

30 **TITLE**
31 **NAME**
32 **STREET ADDRESS**
33 **CITY, ST, ZIP**

34 **TITLE**
35 **NAME**
36 **STREET ADDRESS**
37 **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 190.02(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemented annual report is true and accurate and that my signature shall have the same legal effect as a name entered only that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an additional block with an address.

SIGNATURE:

SIGNATURE TYPED IN PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

GARY SHEAR

president

1/6/95

305 255 0771

Signature of Secretary