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

APPROVED AND FILED

96 JAN 19 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G64859** **(3)**

1. Corporation Name

MEARS REALTY AND INVESTMENTS, INC.

Principal Place of Business

10100 W. SAMPLE RD.
SUITE 103
~~MARGATE FL 33065-LPRI~~
US

Mailing Address

P O BOXZ 934069
MARGATE FL 33093
US

3. Date Incorporated or Qualified: **10/12/1983**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — Street Address, Apt. #, etc. (21, 22) — City & State (23): **Coral Springs.FL** — Zip (24): **33065** — County (25)

2a. Mailing Address — Street Address, Apt. #, etc. (26, 27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: **59-2346872** ☐ 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

9. Name and Address of Current Registered Agent

PULS, WAYNE
10100 W. SAMPLE RD
SUITE 103
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

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

83

84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. The 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	PULS, WAYNE	2 NAME	
STREET ADDRESS	10100 W SAMPLE RD SUITE 103	3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4 CITY-ST-ZIP	
TITLE	☐ DELETE	2 TITLE	Pres/Sec ☐ Change ☒ Addition
NAME		2 NAME	Phyllis S. Mears
STREET ADDRESS		2 STREET ADDRESS	10100 W. Sample Rd Suite 103B
CITY-ST-ZIP		2 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

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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)(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 added on an attachment with an address.

SIGNATURE: Phyllis S. Mears — 1/18/96 — 305-391-9089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

Phyllis S. Mears

CR2E034 (12/95)