

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G71269** (6)

1. Corporation Name
NASSAU REALTY, INC.

Principal Place of Business

**609 SOUTH KINGS RD
POG 609
HILLIARD FL 32046**

Mailing Address

**609 SOUTH KINGS RD
POG 609
HILLIARD FL 32046**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1983

4. FEI Number

59-2385255

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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2258 New Kings Rd

Suite, Apt. #, etc.

22 Hilliard FL

City & State

23 32046

Zip

Country

24 25 USA

2a. Mailing Address

26 P.O. Box 609

Suite, Apt. #, etc.

27 Hilliard

City & State

28 Hilliard, FL

Zip

Country

29 32046 30 USA

9. Name and Address of Current Registered Agent

RITSMA, VIVIAN I

**RT-1 ST. MARYS CIRCLE New Address ->
HILLIARD FL 32046**

10. Name and Address of New Registered Agent

81 Name

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

RR4 Box 7260

83 **St. Marys Circle**

84 City **Hilliard**

FL

85 Zip Code

32046

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

Vivian Ritsma
Signature, typed or printed name of registered agent and title if applicable

Proctor Owen
(NOTE: Registered Agent signature required when reinstating)

1-19-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **RITSMA, VIVIAN I**
CITY-ST-ZIP **RT-1 ST. MARYS CIRCLE RR4 Box 7260**
HILLIARD FL 32046

TITLE ☐ DELETE

NAME **ST**
STREET ADDRESS **RITSMA, VIVIAN I**
CITY-ST-ZIP **RT-1 ST. MARYS CIRCLE RR4 Box 7260**
HILLIARD FL 32046

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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.

SIGNATURE *Vivian Ritsma*

1-19-98 914-845-4530

CR2E034 (10/97)