

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

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: **2258 New Kings Rd Hilliard FL 32046**  
2a. Mailing Address: **P.O. Box 609 Hilliard FL 32046**

9. Name and Address of Current Registered Agent: **RITSMA, VIVIAN I RT-1 ST. MARYS CIRCLE Hilliard FL 32046** (New Address ->)  
10. Name and Address of New Registered Agent: **RR4 Box 7260 St. Marys Circle Hilliard FL 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)  
*Proker Owen* (NOT: Registered Agent signature required when reinstating)  
DATE: **1-19-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD RITSMA, VIVIAN I</b>	1.2 NAME	
STREET ADDRESS	<b>RT-1 ST. MARYS CIRCLE RR4 Box 7260</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HILLIARD FL 32046</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST RITSMA, VIVIAN I</b>	2.2 NAME	
STREET ADDRESS	<b>RT-1 ST. MARYS CIRCLE RR4 Box 7260</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HILLIARD FL 32046</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* (Signature)  
DATE: **1-19-98** **914-845-4530**

CF2E034 (10/97)