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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G99424

(5)

1. Corporation Name
CENTURY 21 ACTION REALTY, INC

Principal Place of Business
8804 TAFT STREET
PEMBROKE PINES FL 33024

Mailing Address
8804 TAFT STREET
PEMBROKE PINES FL 33024-4674



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/08/1984

3a. Date of Last Report
08/06/1996

4. FEI Number
59-2426134

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

10. Name and Address of New Registered Agent

LEOPOLD, NORMAN
20801 BISCAYNE BLVD
STE 501
NO MIAMI BCH FL 33180

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 607.1508, 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE ☐ DELETE

13.1 TITLE ☐ Change ☐ Addition

NAME
CASTIGLIONE, DENNIS
17889 NW 78TH AVENUE
HIALEAH FL

12.2 NAME

13.2 NAME

DP
MUNRO, SYLVIA
8904 TAFT ST
PEMBROKE PINES FL

12.3 STREET ADDRESS

13.3 STREET ADDRESS

DP
HANDSHAW, JOYCE
8904 TAFT ST.
PEMBROKE PINES FL

12.4 CITY - ST - ZIP

13.4 CITY - ST - ZIP

DP
HANDSHAW, JOYCE
8904 TAFT ST.
PEMBROKE PINES FL

12.5 CITY - ST - ZIP

13.5 CITY - ST - ZIP

DP
HANDSHAW, JOYCE
8904 TAFT ST.
PEMBROKE PINES FL

12.6 CITY - ST - ZIP

13.6 CITY - ST - ZIP

DP
HANDSHAW, JOYCE
8904 TAFT ST.
PEMBROKE PINES FL

12.7 CITY - ST - ZIP

13.7 CITY - ST - ZIP

DP
HANDSHAW, JOYCE
8904 TAFT ST.
PEMBROKE PINES FL

12.8 CITY - ST - ZIP

13.8 CITY - ST - ZIP

DP
HANDSHAW, JOYCE
8904 TAFT ST.
PEMBROKE PINES FL

12.9 CITY - ST - ZIP

13.9 CITY - ST - ZIP

14. I do 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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97 954-435-4221

Date

Daytime Phone #

0133104

CR2E034 (9/96)