

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90009 001 *1,200.00

DOCUMENT # H26118

1. Corporation Name

KNIGHT REALTY GROUP, INC.

Principal Place of Business

**2255 GLADES ROAD #219A
BOCA RATON FL 33431**

Mailing Address

**2255 GLADES ROAD #219A
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1984

2. Principal Place of Business

21 4770 NW Boca Raton Blvd.

Suite, Apt. #, etc.

22 Suite C

City & State

23 Boca Raton, FL

Zip

24 33431

Country

25 Palm Beach

2a. Mailing Address

26 4770 NW Boca Raton Blvd.

Suite, Apt. #, etc.

27 Suite C

City & State

28 Boca Raton, FL

Zip

29 33431

Country

30 Palm Beach

4. FEI Number

59-2469453

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**KNIGHT, WILLIAM L.
2255 GLADES ROAD
SUITE 219A
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name: William L. Knight
82 Street Address (P.O. Box Numbers Not Acceptable): 4770 NW Boca Raton Blvd.
83 Suite C
84 City: Boca Raton **85 Zip Code: FL 33431**

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PDC ☐ DELETE
NAME: KNIGHT, WILLIAM L.
STREET ADDRESS: 2255 GLADES ROAD #219A
CITY-ST-ZIP: BOCA RATON FL

TITLE: VP ☒ DELETE
NAME: SCHREIBER, MARK
STREET ADDRESS: 2255 GLADES ROAD SUITE #219-A
CITY-ST-ZIP: BOCA RATON FL 33433

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: 4770 NW Boca Raton Blvd, Suite C
1.4 CITY-ST-ZIP: Boca Raton, FL 33431

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: VP
3.3 STREET ADDRESS: MYLES T CLARK
3.4 CITY-ST-ZIP: 3608 W. PARK RD.
HOLLYWOOD, FL 33021

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)