2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # H67872

1. Entity Name
730 REALTY, INC.

Principal Place of Business	Mailing Address
% DAVID C. HARDIN 500 E BROWARD BV S1950 FORT LAUDERDALE, FL 33394	% DAVID C. HARDIN 500 E BROWARD BV S1950 FORT LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE

03262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2571601
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARDIN, DAVID C.
500 E BROWARD BV ST 1950
FORT LAUDERDALE, FL 33394

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STONE, EDWARD D., JR.
STREET ADDRESS	500 E BROWARD BLVD, SUITE 1950
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	D
NAME	STONE, EDWARD D III
STREET ADDRESS	815 MIDDLE RIVER DR #101
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	SV
NAME	HARDIN, DAVID C.
STREET ADDRESS	500 E BROWARD BLVD, SUITE 1950
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	STONE, PATRICIA M
STREET ADDRESS	567 LIBERTY ST
CITY-ST-ZIP	SAN FRANCISCO, CA 94114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E.D. Stone 4-18-04 954-524-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #