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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H97078

1. Corporation Name

Principal Place of Business

PANITZ HOMES REALTY, INC.

FILED
Apr 21, 1999 8:00 am
Secretary of State
•

04-21-1999 90158 046 ***150.00



3020 HARTLEY RD S775 PEACHTREE DUNWOODY RI 200 SUITE C-550 JACKSONVILLE FL 32257-5206 ATLANTA GA 30342 US							_	DO NOT 3. Date Incorporated or Qua 01/29/1986		THIS SPACE		
2. Principal Pl	ace of Business	2a.	Mailing Address					4. FEI Number			Applied For	l
21							59-2639 <u>673</u>			Not Applicable	ı	
Suite, Apt.	ite, Apt. #, etc.				5. Certifcate of Status Desir	ed 🗆		Additional Required				
City & State			City & State					6. Election Campaign Finan Trust Fund Contribution	cing _		May Be	
Zip	Country Zip				Country			8. This corporation owes the	current ve			l
	25 29 30							Personal Property Tax.		⊠ Yes	□No	l
24	9. Name and Address of Current			, , , , , , , , , , , , , , , , , , ,			i	10. Name and Address of N	ew Regist	ered Agent		ļ
	9. Name and Address of Cultent	Negist	Joa Algori	- 1	B1	Name						ĺ
СТО	ORPORATION SYSTEM			L								ļ
1200 S. PINE ISLAND RD					82	Street	Addres	s (P.O. Box Number is Not Ad	ceptable)			Ì
PLANTATION FL 33324				١.	83							
, , ,	TATION 12 00024			l'	83							İ
					84	,				FL	p Code	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	n Fiorida	i. Such change was aut	nonzeu i	טע נ	uie corpo	corpora oration	ation submits this statement for 's board of directors. I hereby	r the purpo accept the	se of changing appointment as	its registered registered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered						t signature r	required w	rhen reinstating)	DA	TE		1 5
12. OFFICERS AND DIRECTORS 1:								ADDITIONS/CHANGES T	OFFICE	S AND DIREC	TORS IN 12	o Q
TITLE	DELETE A					****	P			☆ Chang	e Addition	1
NAME	/·				Æ		PAI	NITZ, JR., L	DN S	Γ.		2
(;	TANTE, OATON E					ADDRESS	Z 0:	22 HAOTIFU RIN	PD . S	TE 200		``
	LACK CONTRACT FOR					-ZIP	70	20 HARTLEY ROY KSONVILLE H	-7			2
CITY-ST-ZIP						-ZIF	UAL	KSON HUGE	<u> </u>	☐ Chang	e Addition	2
TITLE	T						İ				_	j
NAME	IAN J. MCCARTHY											
STREET ADDRESS	orro telemine domino de l'ilei, masse					ADDRESS						}
CITY-ST-ZIP	THE RESIDENCE OF STREET					T-ZIP				□ Ch-se	a 🗆 Addition	-
- TITLE	D DELETE 3.1 T									Chang	e Addition	
NAME .	BRAIN C. BEAZER 32 N											ļ
STREET ADDRESS	STREET ADDRESS 5775 PREACHTREE DUNWOODY RD #C550					ADDRESS						
CITY-ST-ZIP	T-ZIP ATLANTA GA 3.4.					T-ZIP						-
TITLE	S		☐ DELETE	4.1 TITL	Æ					☐ Chang	e Addition	
NAME	JENNIFER P. JONES			4. 2 NA	ME						•	
STREET ADDRESS	ETTE DE LOI TIDET DI INNIOCONY DO MOSSO				REET	ADDRESS						
CITY-ST-ZIP												
0111-01-27		HU #C	,550	4.4 CIT	Y-ST	r-ZIP]
TITLE	ATLANTA GA	HD #C	DELETE	4.4 CIT	_	r-zip				☐ Chang	je Addition	{
	ATLANTA GA	HU #U	1	_	E	r-zip				Chang	ge Addition	1
NAME	ATLANTA GA T JOHN SKELTON		DELETE	5.1 TITL 5.2 NAM	E VIE	r-ZIP				☐ Chang	ge Addition	
NAME STREET ADDRESS	ATLANTA GA T JOHN SKELTON 5775 PEACHTREE DUNWOODY		DELETE	5.1 TITL 5.2 NAM	JE ME REET	ADDRESS			a. La	☐ Chan	e Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ATLANTA GA T JOHN SKELTON		DELETE	5.1 TITL 5.2 NAM 5.3 STR	LE ME REET Y-S1	ADDRESS				☐ Chan		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	ATLANTA GA T JOHN SKELTON 5775 PEACHTREE DUNWOODY		DELETE	5.1 TITL 5.2 NAM 5.3 STF 5.4 CIT	LE VIE REET Y-ST	ADDRESS						-
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ATLANTA GA T JOHN SKELTON 5775 PEACHTREE DUNWOODY ATLANTA GA		DELETE	5.1 TITL 5.2 NAM 5.3 STF 5.4 CITT 6.1 TITL 6.2 NAM	LE VIE Y-S1 LE VIE	f address T-ZIP						-
NAME STREET ADDRESS CITY-ST-ZIP TITLE	ATLANTA GA T JOHN SKELTON 5775 PEACHTREE DUNWOODY ATLANTA GA		DELETE	5.1 TITL 5.2 NAM 5.3 STF 5.4 CITT 6.1 TITL 6.2 NAM	LE VIE Y-ST LE VIE REET	TADDRESS T-ZIP TADDRESS						-

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: