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## 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

## DOCUMENT # **J07951**

1. Corporation Name

AMERICAN FINANCIAL REALTY GROUP, INC.

Principal Place of Business Mailing Address							, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
% WACKS, KRUZEL & BRASS, P.A. 8181 W. BROWARD BLVD., SUITE 350 PLANTATION FL 33324		% Wacks. Kruzel & Brass. P.A. 8181 W. Broward Blvd Suite 350 Plantation Fl 33324			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 04/08/1986		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				59-2669824		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>∕</b> \$8.75_∧	
22		27					Fee Re	··
City & State		City & State				6. Election Campaign Financing	\$5.00	, i
23	Country	28 7in	Cour	ntn.		Trust Fund Contribution	Added to	3 rees
Zip			_	.su y		<ol> <li>This corporation owes the current year to Personal Property Tax.</li> </ol>		□No
24	9. Name and Address of Curren		iu į			10. Name and Address of New Registere		
	3. (talle and Address of Corre	t registered Agent		81	Name			
KRUZEL, DAVID			ļ					
8181	W BROWARD BLVD			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
STE 350				83				
Plan	ITATION FL 33324			$\perp$				
				84	City	F	L 85 Zip C	ode
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the at	i_ oove-r	named corpor	ration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State of in familiar with, and accept the obligation	of Florida. Such change was aut	horized	i by th	e corporation	's board of directors. I hereby accept the app	ointment as reg	jistered
	Trialina with, and decept the conga-							
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: I	Registered	Agent si	ignature required v			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TiT	lΕ			Change	Addition
NAME	Wiche, Edinale		1.2 NA	ME				
STREET ADDRESS	8181 W BROWARD BL #350		1.3 STREET ADDRESS		DDRESS			ļ
CITY-ST-ZIP				1.4 CITY-ST-ZIP		<u> </u>		
TITLE	S	☐ DELETE	LETE 2.1 TITLE				Change	Addition
NAME	KRUZEL, DAVID		2.2 NA	ME				
STREET ADDRESS	8181 W BROWARD BL #350		2.3 ST	REET AL	DORESS			}
CITY-ST-ZIP	PLANTATION FL		2. 4 CITY-ST-ZIP		ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TIT				Change	
NAME			3 2 NA					
STREET ADDRESS			i i		DDRESS			
CITY-ST-ZIP		☐ DELETE	_	TY-ST-2	ZIP		Change	Addition
TITLE		□ becele	4.1 TH					
NAME			4. 2 NA		DODEĆĆ			
STREET ADDRESS					DORESS			
CITY-ST-ZIP		☐ DELETE	4.4 CII	TY-ST-Z			☐ Change	Addition
TITLE			5.1 III				1	
NAME STREET ADDRESS				REET AL	DDRESS		1	:
STREET ADDRESS				TY-ST-Z				
CITY-ST-ZIP TITLE		☐ DELETE	6 1 TIT				Change	Addition

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, error an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \_

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE