

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 6:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J39113 (2)

1. Corporation Name

BRIARWOOD REALTY CORP.

Principal Place of Business

**6431 COW PEN ROAD
MIAMI LAKES FL 33014-6601**

Mailing Address

**6431 COW PEN ROAD
MIAMI LAKES FL 33014-6001**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1986

3a. Date of Last Report
03/03/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2737026

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. 199.132,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MARCO REALTY AND MANAGEMENT CO.
6431 COW PEN ROAD
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**VSD
MELTZER, ODED
6431 COW PEN ROAD
MIAMI LAKES FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PTD
COMART, MARTIN
6431 COW PEN ROAD
MIAMI LAKES FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
WILENTZ, JOEL
5811 SW 33 TERR
FT LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
GREENE, RICHARD
560 EL DORADO PKWY
PLANTATION FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
SEGAUL, ROBERT
351 W TROPICAL WAY
PLANTATION FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

**000001476700
-05/05/95--01008--009
****208.75 ****208.75**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13, as applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

305 558 3092

CH