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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 14 1998 8:00am Secretary of State

1. Corporation	MENT # J5117 REALTY, INC.	6 (2)			NON OKAH AKAN AKAN AKAN 1801
Principal Place	o of Rusinnes	Mailing Address			I (BIS BADA) BIBIN BIBIN BIBIN 1901
7327 BALLANTRAE CT. BOCA RATON FL 33496		7327 BALLANTRAE CI	•		
		BOCA RATON FL 33496			
				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 01/09/1987	
2. Principal Pr	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-2784663	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
		├-¬ ´		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country	28 Z _I p	Country	B. This corporation owes or has paid the	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Yes No
 1	9. Name and Address of Curre		1901	10. Name and Address of New Registers	
ZU	CKER, NORMAN		81 Name		
7327 BALLANTRAE CT.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33496			OE SIFEE AUG	Breas (F.O. DOX Number is NOT Acceptable)	
			83		
			84 City		85 Zip Code
			Gity City	F	85 Zip Code
SIGNATURE	Signature, typica or printed saline of regels and a	President	STOWART STOWART Off: Rog stered Agent signature req 13.		4-20-98
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	ZUCKER, STEWART		1.2 NAME		
STREET ADDRESS	80.99 FAIRWAY TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	D NORTH NORTH	☐ DELETE	2.1 TITLE		Change Addition
NAME	ZUCKER, NORMAN		2.2 NAME		
STREET ADDRESS	7327 BALLANTRAE CT.	•	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	Therete	2. 4 CITY - S1 - ZIP	<u> </u>	Change Addition
TITLE		DELETE	3 1 TITLE		Change Addition
NAME CYPPET ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. City - St - ZiP 4.1 Title		Change Addition
NAME		Lad proble	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		ĺ
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		Ì
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		j
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
34 I hereby c	ertity that the juformation supplied v	with this filling does not ouglif	v for the exemption stated is	in Section 119 07(3)(i), Florida Statutes, I further	certify that the information

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the informatio 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