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

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90010 023 ***150.00

DOCUMENT # J70508

1. Corporation Name
FLORIDA EXECUTIVE REALTY MANAGEMENT CORP.

Principal Place of Business	Mailing Address
580 VILLAGE BLVD., SUITE 150 WEST PALM BEACH FL 33409	580 VILLAGE BLVD., SUITE 150 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 901 NORTHPOINT PKWY	2a. Mailing Address 26 901 NORTHPOINT PKWY
Suite, Apt #, etc. 22 304	Suite, Apt. #, etc. 27 304
City & State 23 WPB FL	City & State 28 WPB FL
Zip 24 33407 Country 25	Zip 29 33407 Country 30

3. Date Incorporated or Qualified: 05/01/1987

4. FEI Number: 59-2826527 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NEEDLE, ROBERT
580 VILLAGE BLVD., SUITE 150
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 901 NORTHPOINT PKWY
83 #304
84 City WPB FL. 85 Zip Code 33407

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: ROBERT Needle (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: 2/1/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	NEEDLE, ROBERT		1.2 NAME		
STREET ADDRESS	580 VILLAGE BLVD., SUITE 150		1.3 STREET ADDRESS	901 Northpoint PKWY #304	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		1.4 CITY-ST-ZIP	WPB FL 33407	
TITLE	SD	☒ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BERRY, MICHAEL		2.2 NAME		
STREET ADDRESS	580 VILLAGE BLVD., SUITE 150		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	VICE-PRES	☐ Change ☒ Addition
NAME			3.2 NAME	DAVID NEEDLE	
STREET ADDRESS			3.3 STREET ADDRESS	901 NORTHPOINT PKWY #304	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	WPB, FL 33407	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
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			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: _____ 2/1/99 561-687-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #