05-01-1999 90083 009 ***150.00

A FRANCO KINI KOM DOME KINI KANA KOMO MAN ALBI SHALI BIRN SHALI KIKI BIRN BARA

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	#	J80502
4. Compretion Name		

HELLRUNG REALTY, INC.

_				
Principal Place of Business	Mailing Address			
C/O RUTH M HELLRUNG 410 N FEDERAL HWY / 881 N.E. 268	% RUTH M. HELLRUNG 410-N-FEDERAL HWY	10 5 OCEAN	BLVD	
HALLANDALE FL 80009 WILTON MANOTS	HALLANDALE-FI-33000 JE 1	217	DO NOT WRITE IN THIS	SPACE
	US Po	MPANOBCH	3. Date Incorporated or Qualifed	i
SUITE212 FL 33305	FL	33062	06/26/1987	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2829025	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6, Election Campaign Financing	\$5.00 May Be Added to Fees
23	Zip	Country		
Zip Country		Country	8. This corporation owes the current year In	tanglole ☐Yes ☐No
24 25	29 30		Personal Property Tax. 10. Name and Address of New Registered	
9. Name and Address of Current I	tegistered Agent	81 Name	10. Name and Address of New Registered	Agent
HELLRUNG, RUTH M.		1 - 1		
1290 E OAKLAND PARK BLVD 1881 N.E. 264 ST 82 Street Address SUITE 104 WILTON MAYORS 83		ss (P.O. Box Number is Not Acceptable)		
S UITE 104 W /	LTON MANOR	S 83	المستقول والمهام	
FT LAUDERDALE FL 33334 SUITE 212 F	1 33305			
Suffering '	0 000	84 City	FI	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 if applicable. (NOTE: Registered Agent signature required when reinstaturg) DATE									
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE						
TITLE	D DELETE	1.1 TITLE		☐ Change	Addition				
NAME	HELLRUNG, RUTH M. 410 N FEDERAL HWY 1881 IY E 264 ST HALLANDALE FL 33009 WILTON MANORS	1.2 NAME							
STREET ADORESS	410 N FEDERAL HWY / 3 3 / 1/2 3 0 3/4 ACC	1.3 STREET ADDRESS			Ì				
CITY-ST-ZIP	HALLANDALE FL-33009 WILLON MINDES	1.4 CITY-ST-ZIP							
TITLE	5 417 £ 212 F L 33365 DELETE	2.1 TITLE		Change	☐ Addition				
NAME		2.2 NAME			j				
STREET ADDRESS		2.3 STREET ADDRESS			Ì				
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·					
TITLE	☐ DELETE	3.1 TITLE		Change	Addition				
NAME		3.2 NAME							
STREET ADDRESS	***	3.3 STREET ADDRESS			ľ				
CITY-ST-ZIP	·	3.4. CITY-ST-ZIP							
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	·		1				
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	·		Ì				
STREET ADDRESS		6.3 STREET ADDRESS			1				
CITY-ST-ZIP:	** ** ·~	6.4 CITY-ST-ZIP							

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: