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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J87242 (0)

1. Corporation Name
KUGLER REALTY, INC.

Principal Place of Business
20801 BISCAYNE BLVD.
SUITE 417
NORTH MIAMI BEACH FL 33180

Mailing Address
20801 BISCAYNE BLVD.
SUITE 417
NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/14/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0007579	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 (32) Florida Statutes. ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. # etc.	26. Suite, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. State	30. State

9. Name and Address of Current Registered Agent

GOTTLOB, FREDERIC I.
21301 POWERLINE ROAD
SUITE 309
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.04(3) 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 607.04(3) Florida Statutes.

SIGNATURE

Gary Kugler

4-12-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL NAMES TO OFFICERS AND DIRECTORS (If any)	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and known not to qualify for the exemption stated in Section 119 (07.006) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the record or another empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attached with an address.

SIGNATURE:

Gary Kugler

GARY KUGLER

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95

305-931-5794