

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J93792 (6)

1. Corporation Name

REALTY INTERNATIONAL CORP.



Principal Place of Business

Mailing Address

1920 S. OCEAN DR.
SUITE 3-A
HALLANDALE FL 33009
US

1920 S. OCEAN DR.
SUITE 3-A
HALLANDALE FL 33009
US

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

g. Name and Address of Current Registered Agent

GLUECKMANN, F.
1920 S. OCEAN DR.
SUITE 3-A
HALLANDALE FL 33009

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab-
or registered agent, or both, in the State of Florida. Such change was authorized by the
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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
GLUECKMANN, FERDINAND
STREET ADDRESS
1920 S. OCEAN DR.
CITY-ST-ZIP
HALLANDA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and
certify that the information indicated on this annual report or supplemental annual report
oath; that I am an officer or director of the corporation or the receiver or trustee empowered
appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. GLUECKMANN

3. Date Incorporated or Qualified

09/18/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0046893

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. 199.032,
Florida Statutes

☐ Yes

☐ No

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

I, the named corporation submits this statement for the purpose of changing its registered office
corporation's board of directors. I hereby accept the appointment as registered agent. I am

Agent signature required when reinstating)

DATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

7.1. TITLE

7.2. NAME

7.3. STREET ADDRESS

7.4. CITY-ST-ZIP

8.1. TITLE

8.2. NAME

8.3. STREET ADDRESS

8.4. CITY-ST-ZIP

9.1. TITLE

9.2. NAME

9.3. STREET ADDRESS

9.4. CITY-ST-ZIP

does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
true and accurate and that my signature shall have the same legal effect as if made under
to execute this report as required by Chapter 607, Florida Statutes; and that my name

4/22/96

305-454-8326

Daytime Phone #

CR2E034 (12/95)