

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 # **K31819**
1. Corporation Name
SIESHOLTZ REALTY INC.

Principal Place of Business Mailing Address
1670 N.E. 162 Street
Miami, FL 33162

3. Date Incorporated or Qualific **08/25/1988** 3a. Date of Last Report **01/18/95**
4. FEI Number **65-0090227** 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

2. Principal Place of Business 2a. Mailing Address
21 **1670 N.E. 162 Street** 26 **19411 N.E. 18th Court**
22 Sure Apt. #, etc. 27 Sure Apt. #, etc.
23 City & State 28 **Miami, FL**
24 Zip 25 Country 29 **33179** 30 **U.S.A.**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
SIESHOLTZ, ROBERT B. 81 Name
1670 N.E. 162ND ST 82 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33162 83
84 City **FL** 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, Sect on 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: If a signed Agent Registration requires when not soiling) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------|-----------------------------|-------------------------------------------------------------------|----------------|
| TITLE | NAME | 11 TITLE | 12 NAME |
| D | SIESHOLTZ, ROBERT B. | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | 1670 N.E. 162ND ST | | |
| | N. MIAMI BCH FL | | |
| <input type="checkbox"/> DELETE | | 21 TITLE | 22 NAME |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 23 STREET ADDRESS | 24 CITY-ST-ZIP |
| <input type="checkbox"/> DELETE | | | |
| | | 31 TITLE | 32 NAME |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 33 STREET ADDRESS | 34 CITY-ST-ZIP |
| <input type="checkbox"/> DELETE | | | |
| | | 41 TITLE | 42 NAME |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 43 STREET ADDRESS | 44 CITY-ST-ZIP |
| <input type="checkbox"/> DELETE | | | |
| | | 51 TITLE | 52 NAME |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 53 STREET ADDRESS | 54 CITY-ST-ZIP |
| <input type="checkbox"/> DELETE | | | |
| | | 61 TITLE | 62 NAME |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 63 STREET ADDRESS | 64 CITY-ST-ZIP |

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*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment, with an address

SIGNATURE: *Robert B. Siesholtz* **ROBERT B. SIESHOLTZ**
DATE: **3/1/96** TIME: **305 933 4819**

CR2E034 (12/95)