FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00		- FILED	
	TMENT OF STATE  . Mortham	Jan 29 1998	
Secietal	y of State CORPORATIONS	Secretary of	of State
DOOLDATELE # 144		Scordary	of State
DOCUMENT # K44784 (2)			
TECTON REALTY GROUP, INC.			
Principal Place of Business Mailing Address			I NIANI MINIK ANDAN BIZIK KADI
444 BRICKELL AVE., SUITE 300 444 BRICKELL AVE., SUITI MIAMI FL 33131 MIAMI FL 33131	E 300		
MANINE COLOR		DO NOT WRITE IN THIS	SPACE
		3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address		11/10/1988 4. FEI Number	Applied For
	EMUDA DR	59-2919086	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  City & State  City & State  City & Cooper City, FL 28 Cooper City	TU EI	6. Election Campaign Financing	\$5.00 May Be
Zip , Country Zip	Country	Trust Fund Contribution  8. This corporation owes or has paid the cur	Added to Fees
	30	Personal Property Tax due June 30.	☐ Yes ☐ No
g. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered	Agent
FIRESTONE, NOLA A	or idane		
444 BRICKELL AVE., SUITE 300 MIAMI FL 33131	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
777 da 1 2 00 10 1	83		
	84 City	Park	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes	s the above-named corpy	Cration submits this statement for the purpose of	. 1 1 '
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutet office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 607.0505, Flor</li> </ol>	thorized by the corporation of t	on's board of directors. I hereby accept the app	cointment as registered
SIGNATURE	Registered Agent signature require		
12. OFFICERS AND DIRECTORS	13.	d when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE PD DELETE	1.1 TITLE		Change Addition
NAME FIRESTONE, NOLA A	1.2 NAME		
STREET ADDRESS 444 BRICKELL AVE., SUITE 300		414 BERMUDA DRIVE	<del>,</del>
CITY-ST-ZIP MIAMI FL 33131  TITLE CD DELETE		OPER CITY, FL 330	DATE:
NAME FIRESTONE, GEORGE	2.1 IIILE 2.2 NAME		Change
STREET ADDRESS 444 BRICKELL AVE., SUITE 300		414 BERMUDA DRIVE	
CITY-ST-ZIP MIAMI FL 33131	2. 4 CITY-ST-ZIP CO	114 BERMUSA DRIVE OPER CITY, FL 330YB	
TITLE DELETE	3.1 TITLE	, ,	Change Addition
NAME	3.2 NAME		
STREET ADDRESS CITY_ST_210	3.3 STREET ADDRESS		
CITY-ST-ZIP  ITILE DELETE	3.4. CITY-ST-ZIP 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 STATES ADDRESS	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		

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 by 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 of 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.

SIGNATURE:

REQUIRED

5.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

\_\_\_ Addition