FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **K94792** **(4)**

1. Corporation Name
213/217 NW FIRST AVENUE REALTY CORPORATION

Principal Place of Business	Mailing Address
217 NW 1ST AVENUE HALLANDALE FL 33009-4001	217 NW 1ST AVENUE HALLANDALE FL 33009-4001

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
06/13/1989

4. FEI Number
65-0149988
☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DEMEOLA, JERRY
213 NW 1ST AVE.
HALLENDALE FL 33309

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

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 individual with authority to sign on behalf of corporation) (Required Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DIMEOLA, JERRY		1.2 NAME		
STREET ADDRESS	213 NW 1ST AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLENDALE FL 33009		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MADONIA, JACK		2.2 NAME		
STREET ADDRESS	2801 86TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY 11223		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MADONIA, JOSEPH		3.2 NAME		
STREET ADDRESS	436 WALKER ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. BABYLON NY 11704		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MADONIA, NICHOLAS J JR.		4.2 NAME		
STREET ADDRESS	4073 DARBY LN.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEAFORD NY 11753		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

6/6/98

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 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.

SIGNATURE: [signature] 6-19-98

CR2E034 (10/97)