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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # L11754**

1. Corporation Name

AVI REALTY INC.

Principal Place of Business

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90111 025 \*\*\*150.00



**=** ii₹...

	NCOURSE. SUITE 400 SLANDS FL 33154	11	AN SAKOWITZ 11 KANE CONCOURSE ST AY HARBOR ISLANDS FL 3			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  08/28/1989		
2. Principal Pl	ace of Business	2a	Mailing Address			1 <u></u>	olied For	
21		26					Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		
City & State	e	28	City & State			6. Election Campaign Financing Trust Fund Contribution Added t		
Zip	Country 25	29	Zip 3	Countr	у	This corporation owes the current year Intangible     Personal Property Tax.      Yes	□No	
	9. Name and Address of Curre	nt Regi	stered Agent			10. Name and Address of New Registered Agent		
	ALL CONTROL ALL ALL			81	Nam	me		
SAKOWITZ, ALAN 1111 KANE CONCOURSE, SUITE 401				82		Street Address (P.O. Box Number is Not Acceptable)		
BAY	HARBOR ISLANDS FL 33154			83	3	•		
				84	City	FL 85 Zip C	ode	
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A			egistered Age	ent signatu	ture required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12	
TITLE	D		☐ DELETE	1.1 TITLE		☐ Change	Addition	
NAME	GREENBOIN, ABRAHAM			1.2 NAME				
STREET ADDRESS	1111 KANE CONCOURSE, SU	JITE 40	0	1.3 STREE	ET ADDRE	ESS		
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33			1.4 CITY-	ST-ZIP			
ππΕ			☐ DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREE	TADDRE	ESS		
CITY-ST-ZIP				2.4 CITY-	ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE		Change	☐ Addition	
NAME				3.2 NAME				
STREET ADDRESS			-	3.3 STREE		ESS		
CITY-ST-ZIP	<del></del>		C prietr	3.4. CITY-	ST-ZIP	Change	Addition	
TITLE			☐ DELETE	4.1 TITLE		Change		
NAME				4. 2 NAME		cce		
STREET ADDRESS				4.3 STREE				
CITY-ST-ZIP	<del></del>		DELETE	4.4 CITY-: 5.1 TITLE	31-4IP	Change	Addition	
NAME	15			5.2 NAME			_	
STREET ADDRESS				5.3 STREE	T ADDRE	ESS		
CITY-ST-ZIP				5.4 CITY-	ST-ZIP	·		
IIILE	<del></del>		☐ DELETE	6.1 TITLE		☐ Change	Addition	
				6.2 NAME				
STORE AND DECO				6.3 STREE	ET ADDRE	ESS		

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 suppliemental 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, with all other like empowered.

6.4 CITY+ST-ZIP

\_\_ ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR