PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L19412

1. Corporation Name

REALTY CORP. INT'L

FILED
Apr 22, 1999 8:00 am
Secretary of State
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CORAL SPRINGS FL 33065				CORAL SPRINGS FL 33065			\ <u>.</u>	DO NOT WRITE IN THIS SPACE				1	
US US				•					ate Incorporated or Qualifed 19/29/1989				
2. Principal Place of Business				2a. Mailing Address			4. F	El Number		Aj	oplied For]	
<u> </u>			26	26) 6	5-0161235		_ No	ot Applicable]	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			~~- <u>-</u> = ^0	ertifcate of Status Desired			Additional	l	
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23			28	28			T	rust Fund Contribution	<u> </u>	Added	to Fees	-	
Zip	_	Country	\Box	Zip		untry			his corporation owes the curre	ent year Int			
24		5	29		30				ersonal Property Tax.		Yes	□No	┨
	9. Name a	and Address of Curren	t Regis	stered Agent		81	Name	10.	lame and Address of New R	egisterea	Agent		1
EI INA	ELECK, MO	DTON.				01	Name						
		STREET, SUITE 209				82	Street Ad	dress (P.C). Box Number is Not Accepta	ble)			1
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	e 301 Al springs	2 EL 22065				83							
COR	AL SERING	5 FC 33003				84	City		· · · · · · · · · · · · · · · · · · ·		85 Zip	Code	1
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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.										s registered egistered			
SIGNATURE									7	DATE			}
	Signature, typed o	r printed name of registered agen			_		t signature requ				ID DIDECTO	DS IN 12	1 3
12.	DSV	OFFICERS AN	ט טואנ	DELETE	13.	ITLE		VP	DITIONS/CHANGES TO OFF	ICERS AI	Change	Addition	1 :
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NAME	ELIMELECK, MORTON						ADDRESS	<i>2619</i> 2	LYNDITURST I				1
STREET ADDRESS 9750 NW 33RD STREET, SUITE :			203		1		T 7ID	DEEAG	FIELD BEACH, FL				ľ
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l f	NAME ELIMELECK, ROBERT					T ADDRESS							
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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 of 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, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR