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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # (5)CONSTANTINO-ROTH REALTY, INC. Principal Place of Business Mailing Address % NICK CONSTANTINO % NICK CONSTANTINO 5600 PGA BLVD STE 100 & 100A 5600 PGA BLVD STE 100 & 100A DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 3. Date incorporated or Qualified 11/02/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0168484 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CONSTANTINO, NICK 5600 PGA BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 100A 83 PALM BEACH GARDENS FL FL 33418 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE 1,1 TITLE Change Addition TITLE CONSTANTINO, NICK NAME CR2E034 5600 PGA BLVD STREET ADDRESS 1,3 STREET ADDRESS PALM BEACH GARDENS F CITY - ST - ZIF 1,4 CITY-ST-ZIP DELETE \_\_\_ Addition TITLE 2.1 TITLE ROTH, ANNE NAME 2,2 NAME 5600 PGA BLVD REET ADDRESS 2.3 STREET ADORESS PALM BEACH GARDENS F 2.4 CITY-ST-ZIP - ST- ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 7 ADDRESS 3.4. CITY - ST - ZIP T-ZIP DELETE Addition Change 41 TITLE 4. 2 NAME ESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ☐ DELETE ☐ Change Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIF ☐ DELETE Change Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

artify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in 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 rector 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 lock 13 if changed, or an an attachment with an address.

RE:

lich Chiefer UIRE

1-9-28

561-626-2898

**FILED** 

Jan 23 1998 8:00am

Secretary of State