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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

	1000			02-13-1999 90013 025 ***	:150.00
DOCUN 1. Corporation	MENT # L3108	3		02-13-1999 90013 023 ******	130.00
1025 RE	ALTY CORP.				
Principal Place	of Business	Mailing Address			
P.O. BPX 1709		P.O. BOX 1709			
DANIA FL 33004 US	4	DANIA FL 33004 US		DO NOT WRITE IN THIS	SPACE
άο				3. Date Incorporated or Qualifed 11/21/1989	,
a Principal Pl	ace of Business	2a, Mailing Address		4, FEI Number	Applied For
21	ade of Buomood	26		65-0156722	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27 City & State		a Flatin Compaign Financing	\$5.00 May Be
City & State	е	City & State		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	itangible
24	25	1=-1	30	Personal Property Tax.	Ves □No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registered	Agent
l KNO	HL, MITCHELL T.				
3711 NORTH PARK ROAD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	LYWOOD FL 33021		83		THE RESERVE
ι			84 City		85 Zip Code
'				FI	<u> </u>
				poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	if changing its registered ointment as registered
office or r agent. I a	egistered agent, or both, in the St im familiar with, and accept the ob	ligations of, Section 607.0505, Flori	da Statutes.		
SIGNATURE		(NOTE:	Registered Agent signature require	ed when reinstating) . DATE	·
12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KNOHL, MITCHELL		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	[] octor	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	2.1 TITLE 2.2 NAME		
NAME			2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		[] DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE	•	
NAME			4.2 NAME 4.3 STREET ADDRESS	·	
STREET ADDRESS	3		4.4 CITY-ST-ZIP		
CITY-ST-ZIP		[] DELETE	5.1 TITLE	•	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- ST- ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
MAME	1		6.2 NAME		

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 truster emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, of on an attraction of the receiver of the corporation of the corporation of the receiver of the receiver of the receiver of the receiver of th CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Feb 13, 1999 8:00am

**Secretary of State**