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FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L38267 (5)

1. Corporation Name  
ATLANTIC GULF REALTY, INC.



Principal Place of Business

LEGAL DEPT. 9TH FLOOR  
2601 S BAYSHORE DR  
MIAMI FL 33133-2461

Mailing Address

LEGAL DEPT. 9TH FLOOR  
2601 S BAYSHORE DR  
MIAMI FL 33133-5417

3. Date Incorporated or Qualified  
12/20/1989

3a. Date of Last Report  
04/16/1996

4. FEI Number  
65-0165036

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LANGLEY, MARCIA H  
LEGL DEPT. 9TH FLOOR  
2601 S BAYSHORE DR  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name JOEL K. GOLDMAN

82 Street Address (P.O. Box Number is Not Acceptable)  
2601 S. Bayshore DR

83 9th floor

84 City Miami

FL

85 Zip Code 33133

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 *Joel K. Goldman*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*JOEL K. GOLDMAN*

4/14/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA H.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FISCHER, JOHN H.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL K.	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANNESS, LISA D.	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DALFO, CHRISTOPHER L.	
STREET ADDRESS	9901 S. FEDERAL HWY.	
CITY-ST-ZIP	PORT ST. LUCIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOLDMAN, JOEL K.	
1.3 STREET ADDRESS	2601 S. Bayshore DR	
1.4 CITY-ST-ZIP	MIAMI FL 33133	
2.1 TITLE	V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LANGLEY, MARCIA H.	
2.3 STREET ADDRESS	2601 S. BAYSHORE DR	
2.4 CITY-ST-ZIP	MIAMI FL 33133	
3.1 TITLE	V/D/C/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CARLTON, CAIT'S N.	
3.3 STREET ADDRESS	2601 S. Bayshore DR	
3.4 CITY-ST-ZIP	MIAMI FL 33133	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GILLETTE, J. THOMAS	
4.3 STREET ADDRESS	2601 S. Bayshore DR	
4.4 CITY-ST-ZIP	MIAMI FL 33133	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CAMERUCI, ShERRA	
5.3 STREET ADDRESS	2601 S. Bayshore DR	
5.4 CITY-ST-ZIP	MIAMI FL 33133	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

*Joel K. Goldman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JOEL K. GOLDMAN*

Date

305-859-4071

Daytime Phone #

CP2E034 (9/96)