

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

DOCUMENT # L38267

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 33133-2461

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90051 019 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1989

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 owes the current year intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDMAN, JOEL K
LEGL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME JEFFREY, THOMAS W.
STREET ADDRESS 2601 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL

TITLE VAS ☒ DELETE

NAME LANGLEY, MARCIA H.
STREET ADDRESS 2601 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL

TITLE VT ☐ DELETE

NAME FISCHER, JOHN H.
STREET ADDRESS 2601 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL

TITLE VS ☐ DELETE

NAME GOLDMAN, JOEL K.
STREET ADDRESS 2601 S BAYSHORE DR
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME ANNESS, LISA D.
STREET ADDRESS 2601 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME GILLETTE, J. THOMAS
STREET ADDRESS 2601 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL 33133

1.1 TITLE

V/C/AS/D

☐ Change ☒ Addition

1.2 NAME

Cook, Paula

1.3 STREET ADDRESS

2601 S. Bayshore Drive

1.4 CITY-ST-ZIP

Miami FL 33133

2.1 TITLE

V

☐ Change ☒ Addition

2.2 NAME

Laguardia, John

2.3 STREET ADDRESS

2601 S. Bayshore Drive

2.4 CITY-ST-ZIP

Miami FL 33133

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-859-4000

0193741

CR2E034 (11/98)