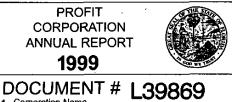
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 03, 1999 8:00 am Secretary of State

05-03-1999 90109 021 ***150.00

1. Corporation STS REA	ALTY, INC.			
Principal Place	e of Business	Mailing Address		
2401 SW 31ST		2401 SW 31ST AVENUE		
PEMBROKE PAI US	RK FL 33009	PEMBROKE PARK FL 33009 US		DO NOT WRITE IN THIS SPACE
00		00		3. Date Incorporated or Qualifed
	•			12/27/1989
2. Principal Pl	lace of Business BEACH	2a. Mailing Address	BEA	
21 3121	WILLALLANDALE BLVD.	26 3121 W. HALL	WDALE BL	√D . 65-0164795 Not Applicable
Suite, Apt. 22 Sui Ti	E 104	Suite, Apt. #, etc. 27 SviTE 104	·	5. Certificate of Status Desired Serviced Fee Required
City & State		City & State	_	6. Election Campaign Financing \$5.00 May Be
	POKE PARK, FL.	28 PEMBROKE PAR		Trust Fund Contribution Added to Fees
Zip	Country	Zip 29 33009 3	Country US	8. This corporation owes the current year Intangible
24 3300			<u> </u>	Personal Property Tax.
 	9, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
WING	GARD, DAVID E			DAVID WINGARD
	S.W. 31ST AVENUE		82 Street /	Address (P.O. Box Number is Not Acceptable) (ZI W. HALLANDALE BEACH BLVD,
	BROKE PARK FL 33009		83	
			Su	JITE 104
	·			EMBROKE PARK FL 85 Zip Code 33009
_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 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.	
SIGNATURE		(A)OTE: D	egistered Agent signature re	equired when reinstating) DATE
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE	PS⊤D /⊠ Change ☐ Addition
NAME	WINGARD, DAVID E		1.2 NAME	WINGARD, DAVID E. (ADDRES)
STREET ADDRESS	2401 SW 31ST AVENUE 3/2	W. HALLANDALE CH BLVD., STE. 104	1.3 STREET ADDRESS	3121 W. HALLANDALE BEACH BLVD., STE. 104
CITY-ST-ZIP	PEMBROKE PARK FL	CH BEVO, SIE. 107	1.4 CITY-ST-ZIP	PEMBROKE PARK, FL. 33009
TITLE .		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS	,		2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
ππε	_	☐ 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 C Addition
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME		. بالمنظام المعالم المعالم المستناسات المستنات	4.2 NAME	
STREET ADDRESS		•	4.3 STREET ADDRESS	,
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		₩ DELLIC	5.1 TITLE 5.2 NAME	
NAME			5.3 STREET ADDRESS	<u> </u>
STREET ADDRESS	• •		5.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	Change Addition
	e		6.2 NAME	tuel U tuel U
NAME etheet annheese	·		6.3 STREET ADDRESS	
STREET ADDRESS			6.4 CITY-ST-ZIP	
CITY-ST-ZIP			■	<u> </u>

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: