

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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90109 021 \*\*\*150.00

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DOCUMENT # L39869

1. Corporation Name  
STS REALTY, INC.

Principal Place of Business  
2401 SW 31ST AVENUE  
PEMBROKE PARK FL 33009  
US

Mailing Address  
2401 SW 31ST AVENUE  
PEMBROKE PARK FL 33009  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1989

4. FEI Number

65-0164795

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

21 3121 W. HALLANDALE BEACH BLVD.

Suite, Apt. #, etc.  
22 SUITE 104

City & State  
23 PEMBROKE PARK, FL.

Zip Country  
24 33009 25 US

2a. Mailing Address

26 3121 W. HALLANDALE BEACH BLVD.

Suite, Apt. #, etc.  
27 SUITE 104

City & State  
28 PEMBROKE PARK, FL.

Zip Country  
29 33009 30 US

9. Name and Address of Current Registered Agent

WINGARD, DAVID E  
2401 S.W. 31ST AVENUE  
PEMBROKE PARK FL 33009

10. Name and Address of New Registered Agent

81 Name DAVID WINGARD  
82 Street Address (P.O. Box Number is Not Acceptable)  
3121 W. HALLANDALE BEACH BLVD.  
83 SUITE 104  
84 City PEMBROKE 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 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PSTD	WINGARD, DAVID E	2401 SW 31ST AVENUE	PEMBROKE PARK FL
		3121 W. HALLANDALE BEACH BLVD., STE. 104	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PSTD	WINGARD, DAVID E.	3121 W. HALLANDALE BEACH BLVD., STE. 104	PEMBROKE PARK, FL. 33009

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 (954) 981-1154

Date

Daytime Phone #

CR2E034 (11/98)