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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L51363

1, Corporation Name

SEYMOUR GARDNER REAL ESTATE, INC.					
Principal Place	e of Business	Mailing Address			
46 SW 1ST ST		46 SW 1ST ST			
202 202				DO NOT WRITE	IN THIS SPACE
MIAMI FL 33130 MIAMI FL 33130 US US				3. Date Incorporated or Qualifed	IN THIS SI ACE
03		00		02/15/1990	
2 Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 /67 2	3 5. W. 104 ST.	26 10723 SW	104 ST.	65-0178211	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	7-7-07-		\$8.75 Additional
22 Suite		27 Sulle 202	<u>.</u>	5. Certifcate of Status Desired	Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23 MINMI FL. 28 MINMI FL			<i>٤</i> .	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curren	t year Intangible
24 33/	76 25 U.S.A.	29 <i>33/16</i> 3	10 U.S.A.	Personal Property Tax.	☐ Yes ☑ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	gistered Agent
			81 Name	DINER LEONA	ab L
GARDNER, LEONARD L			82 Street Addr	ess (P.O. Box Number is Not Acceptable	9) —
10723 SW 104 ST			1072	3 5.W. 104 STOR	E-1
SUITE 202			83		_ ,
MAIM	WI FL 33176		84 City //		85 Zip Code /
				(11)	FL 33,76
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the pu	rpose of changing its registered
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligation	Florida, Such change was aut ons of, Section 607.0505, Florid	norized by the corporational statutes.	on's board of directors. I hereby accept t	ne appointment as registered
SIGNATURE	,				}
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent signature required		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELÉTE	1.1 TITLE		☐ Change ☐ Addition
NAME	GARDNER, SEYMOUR		1.2 NAME		
STREET ADDRESS	10120 SW 137 COURT		1.3 STREET ADORESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		☐ Change ☐ Addition
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		☐ Change ☐ Addition
TITLE	ــــــــــــــــــــــــــــــــــــــ	DELETE	3.1 TRLE	•	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		□ DECETE	4.1 TITLE		Change
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE			5.1 TITLE 5.2 NAME		Clavaride Clavarinou
NAME			5.3 STREET ADDRESS		
STREET ADORESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP			= 0.4 UH 1-01-ZIF (
		□ nei ete			Change Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	17	☐ DELETE			☐ Change ☐ Addition

14. I hereby certify that the information surplied with this filing does not qualifindicated on this annual report or suppliemental annual report is true and officer or director of the corporation or the receiver or trusteelempowered Block 12 or Block 13 if changed, of on an attachment with an address with for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information courate and that my signature shall have the same legal effect as if made under oath; that I am an be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: