

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

FILED

Mar 26 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 # L65546

(8)

1. Corporation Name

OUR TOWN REALTY, INC.

Principal Place of Business

8181 NW 36 ST  
#6A  
MIAMI FL 33166  
US

Mailing Address

8181 NW 36 ST  
SUITE 6A  
MIAMI FL 33166-6646  
US

2. Principal Place of Business

21 7655 NW 50th Street

State Apt. #, etc.

22

City & State

23 Miami, Florida

Zip

Country

24 33166

25 Dade

2a. Mailing Address

26 7655 NW 50th Street

Suite, Apt. #, etc.

27

City & State

28 Miami, Florida

Zip

Country

29 33166

30 Dade

9. Name and Address of Current Registered Agent

THOMPSON, PAULINE E.  
8181 NW 36TH ST  
SUITE 6A  
MIAMI FL 33166

3. Date Incorporated or Qualified

03/27/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0198582

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
7655 NW 50th Street

83

84 City

Miami

FL

85 Zip Code  
33166

11. Pursuant to the provisions of Sections 607.0552 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 filing, or will, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the corporation's officer or director (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | D                             | <input type="checkbox"/> DELETE |
| NAME           | THOMPSON, PAULINE E.          |                                 |
| STREET ADDRESS | 8181 NW 36 ST, SUITE 6A       |                                 |
| CITY-ST-ZIP    | MIAMI FL                      |                                 |
| TITLE          | D                             | <input type="checkbox"/> DELETE |
| NAME           | KOWALSKI, THEODORE J.         |                                 |
| STREET ADDRESS | 8181 NW 36TH STREET, SUITE 6A |                                 |
| CITY-ST-ZIP    | MIAMI FL                      |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS | 7655 NW 50TH STREET                                                          |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS | 7655 NW 50TH STREET                                                          |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY-ST-ZIP    |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |
| 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 provided in 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 change, or on an attachment with an address.

SIGNATURE

*Pauline Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

January 8, 1997 (305) 471-8494

Date

Daytime Phone #

0226066

CR2E034 (9/96)