## 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

<b>DOCUMEN</b>	Γ#.	L70	473

1. Corporation Name

T.M. REALTY, INC.

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Principal Place o	of Business	Mailing Addre	ess						
1400 E. NEWPORT CENTER				,					
ORLANDO FL 32822 STE 209 DEERFIELD BEACH FL 33442				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Q			
		US				05/04/1990			
			ddroes			4. FEI Number		Appli	ed For
<ol><li>Principal Pla</li></ol>	ace of Business	2a. Mailing A	MAIRES			59-3009049		Not A	Applicable
el		26   Suite, Apt	t # etc			- <del></del>	aired X	<b>\$8.75</b> Ad	
Suite, Apt. #	t, etc.	<del>-</del> -¬	t. #1 Oto.			5. Certifcate of Status De	sired	Fee Requ	uired
.2		27   City & St	ate	_ <del>-</del>		6. Election Campaign Fin	nancing	\$5.00 M	
City & State	•	—-¬ ´			•	Trust Fund Contributio	on	Added to	Fees
23	Country			Country	,	8. This corporation owes	the current year I	ntangible	7NA
Zip		29	[	30		Personal Property Tax	ζ	∐ Yes L	]No
24	9. Name and Address of Curr					10. Name and Address of	of New Registere	d Agent	
	9. Name and Address or Curr	one registers a rige		81	Name				
ΚΔV	JAMES R.			82	Stroot Add	ress (P.O. Box Number is Not	t Acceptable)	······································	
777	SOUTH FLAGLER DRIVE EAS	T TOWER		62	Suber Addi	todo (r. to) Don Hamani is see	<u> </u>	· eas in action and to 643	60 - 321 - 1 615 - 818 - 1 - 2 - 5
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11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	0502 and 607.1508, late of Florida. Such of Igations of Section 6	607.0505, Flor	rida Statute:	S.			pointment as reg	istered
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office or reagent. I as SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered OFFICERS  DP REIBUNG, LORENZ 1400 E. NEWPORT CENTER	agent and title if applicable.  AND DIRECTORS	607.0505, Flor (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s.  ent signature require	rad when reinstating)	DATE	AND DIRECTOI ☐ Change	RS IN 12
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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: