SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT ~~DUE ON OR~~ BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L95738** **(5)**

1. Corporation Name

A. BERNSTEIN REALTY, INC.

Principal Place of Business

5039 OKEECHOBEE BLVD
W PALM BEACH FL 33417

Mailing Address

5039 OKEECHOBEE BLVD
W PALM BEACH FL 33417

3. Date Incorporated or Qualified: 08/22/1990
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0217594 ☐ 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

2. Principal Place of Business
21 4869-3 OKEECHOBEE BLVD
Suite, Apt #, etc
22
City & State
23 W. PALM BEACH, FL
Zip 24 33417 Country 25 U.S

2a Mailing Address
26 4869-3 OKEECHOBEE BLVD.
Suite, Apt #, etc
27
City & State
28 W. PALM BEACH, FL
Zip 29 33417 Country 30 U.S.

9. **Name and Address of Current Registered Agent**

BERNSTEIN, ALAN
5039 OKEECHOBEE BLVD
W PALM BEACH FL 33417

10. **Name and Address of New Registered Agent**

81 Name: ALAN BERNSTEIN
82 Street Address (P.O. Box Number is Not Acceptable): 4869-3 OKEECHOBEE BLVD.
83
84 City: W. PALM BEACH, FL 85 Zip Code 33417

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	BERNSTEIN, ALAN		1.2 NAME	BERNSTEIN, ALAN
STREET ADDRESS	5039 OKEECHOBEE BLVD		1.3 STREET ADDRESS	4869-3 OKEECHOBEE BLVD.
CITY-ST-ZIP	W PALM BEACH FL		1.4 CITY-ST-ZIP	W. PALM BEACH, FL 33417
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	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______ 8/5/96 (561) 687-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALAN BERNSTEIN