

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 MAR 21 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L98070** (0)
1. Corporation Name
TM REALTY XXI, INC.

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 1350 E NEWPORT CENTER STE 206 DEERFIELD BCH FL 33442 US | NEWPORT CENTER DRIVE 1350 E. 206 DEERFIELD BCH FL 33442 US |

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/30/1990 | 3a. Date of Last Report 04/29/1994 |
|--|--|

| | | | |
|---|---|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 1400 E. Newport Center | 26 Dr. 1400 E. Newport Center | 65-0241756 | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. 22 209 | Suite, Apt. #, etc. 27 209 | 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| City & State 23 Deerfield Beach, FL | City & State 28 Deerfield Beach, FL | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Zip 24 33442 | Country 25 USA | 29 33442 | 30 USA |

| | | | | | | | | | |
|--|---|---------|-------------|---|-----------|---------------|--|---------|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent | | | | | | | | |
| KAY, JAMES R. 2000 PALM BCH LAKES BLVD SUITE 900 W. PALM BCH FL 33409 | <table border="1"> <tr> <td>B1 Name</td> <td>B5 Zip Code</td> </tr> <tr> <td>B2 Street Address (P.O. Box Number is Not Acceptable)</td> <td>FL</td> </tr> <tr> <td>B3 Suite 1002</td> <td></td> </tr> <tr> <td>B4 City</td> <td></td> </tr> </table> | B1 Name | B5 Zip Code | B2 Street Address (P.O. Box Number is Not Acceptable) | FL | B3 Suite 1002 | | B4 City | |
| B1 Name | B5 Zip Code | | | | | | | | |
| B2 Street Address (P.O. Box Number is Not Acceptable) | FL | | | | | | | | |
| B3 Suite 1002 | | | | | | | | | |
| B4 City | | | | | | | | | |

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 resigning)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------|---|-----------|
| TITLE | NAME | 1. TITLE | 1.1 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 2. STREET ADDRESS | 2.1 NAME |
| TITLE | NAME | 3. STREET ADDRESS | 3.1 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 4. CITY-ST-ZIP | 4.1 NAME |
| TITLE | NAME | 5. STREET ADDRESS | 5.1 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 6. CITY-ST-ZIP | 6.1 NAME |
| TITLE | NAME | 7. STREET ADDRESS | 7.1 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 8. CITY-ST-ZIP | 8.1 NAME |
| TITLE | NAME | 9. STREET ADDRESS | 9.1 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 10. CITY-ST-ZIP | 10.1 NAME |

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)(b), 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 no longer in agreement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CATHERINE REIBLING

DATE

3/15/95

TYPE OR PRINT NAME

305 426 4585