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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M00665

(3)

FILED
May 13 1997 8:00am
Secretary of State

1. Corporation Name 15020 ASSOCIATES REALTY, INC.  Principa Place of Business 3635 E 10TH CT HALEAH FL 33013  Mailing Address HALEAH FL 33013				·····						
					÷	3. Date Inc.	orporated or Qualified 984		te of Last 1/1996	
2. Principal F 21	Place of Business	28- Mailing Addres	SS			4. FEI Num 59-244	• • •		<b>/</b>	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt #, e	etc.	/			e of Status Desired	Ø	\$8.75	Additional Required
City & Star	to	City & State			<del></del>	8. Election	Campaign Financing			O May Be
2 <b>3</b> Ziji	Country	28 Zip		Country			id Contribution oration has liability for	r intendible	Adde	d to Fees
24	25	29	30			Florida S	tatutes	Yes [	] No	. 133.00E,
015	Name and Address of Cu     CELL, EDWARD	rrent Registered Agent		81	Name	10. Name #r	nd Address of New R	legistered /	\gent	<del></del>
3635 E. 10TH CT HIALEAH FL 33013				82 83 84	Street Add	ress (P.O. Box N	lumber is Not Accepta	able)	<b>85</b> Zij	p Code
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508. Fiorida	Statutes, the	ne above	e-named corp	poration submits	this statement for the	ant the ann	ninterant r	e too stored
11. Pursuant office or agent 12.		d agent and fit e if applicable AND DIRECTORS	(NOTE: Reg			ired when reinstating)	this statement for the irectors. I hereby ecce	DATE	DIRECTO	ORS IN 12
SIGNATURE  12.  1816 NAME SUBSET ADDRESS	Signature typed or profied name of registers OFFICERS STP GARCELL, EDWARD 3835 E. 10TH COURT	id agent and title if applicable	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requi	ired when reinstating)		DATE	****	ORS IN 12
SIGNATURE  12.  THE NAW: SPRET ADDRESS CITY SE-7P* THE NAME SINO: ACCRESS	Signature typed or punied name of registers OFFICERS STP GARCELL, EDWARD	d agent and fit e if applicable AND DIRECTORS	INOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS ADDRESS	ired when reinstating)		DATE ICERS AND	DIRECTO	DRS IN 12
SIGNATURE  12.  1014  NAVE  SIBET ADDRESS  CHY ST-ZEP  HILE  NAME  SIMEL ADDRESS  CHY-SL-ZEP  HILE  NAME  SIMEL ADDRESS  SIRET ADDRESS	Signature typed or profied name of registers OFFICERS STP GARCELL, EDWARD 3835 E. 10TH COURT	id agent and tile if applicable AND DIRECTORS	INOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.3 STREET	ADDRESS 7-ZIP ADDRESS ST-ZIP ADDRESS	ired when reinstating)		DATE	DIRECTO	ORS IN 12  Addition
SIGNATURE  12.  101E  NAV: STRET ADDRESS CITY ST-765 101E  NAME STRET ADDRESS CITY-ST-705 101E  NAME STREET ADDRESS CITY-ST-745 101E  NAME STREET ADDRESS	Signature typed or profied name of registers OFFICERS STP GARCELL, EDWARD 3835 E. 10TH COURT	id agent and title if applicable AND DIRECTORS DELE	INOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinstating)	S/CHANGES TO OFF	DATE	DIRECTO Change	ORS IN 12  Addition  Addition
SIGNATURE  12.  101E  NAME  SIRET ADDRESS  CITY ST-765  INTE  NAME  SINCE ADDRESS  CITY-ST-765  INTE  NAME  SIRET ADDRESS  CITY-ST-765  INTE  NAME  NAME  NAME  NAME	Signature typed or profied name of registers OFFICERS STP GARCELL, EDWARD 3835 E. 10TH COURT	d agent and life if applicable AND DIRECTORS DELI DELI DELI	INOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.3 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinstating)	S/CHANGES TO OFF	DATE FICERS AND	DIRECTO Change Change	DRS IN 12 Addition Addition Addition

14. I do hereby certly that the information supplied with this fiting 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 suppliemental 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.

SIGNATURE:



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