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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M26265

1. Corporation Name

Principal Place of Business

TOMPSON REALTY, INC.

18221 DAYBREAK DRIVE BOCA RATON FL 33496-1914		18221 DAYBREAK DRIVE BOCA RATON FL 33496-1914			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 01/23/1986			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-2673240		1	Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip [:	¬ '			8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New I	Registered /	Agent	
	MPSON, JOHN R.		8	1	Name				
1822		8	2	Street Add	reet Address (P.O. Box Number is Not Acceptable)				
BOC	A RATON FL 33496		8	3					
				-	City		FL	.	p Code
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	inorizea p	างเก	named corp ne corporati	poration submits this statement for the ion's board of directors. I hereby acce	purpose of at the appoin	changing i ntment as i	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTF:	Registered Ac	nent si	anature require	ed when reinstating)	DATE		
12.	OFFICERS AN		13.		-	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	FORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	
NAME	TOMPSON, JOHN R.		1.2 NAME	E			•		
STREET ADDRESS	18221 DAYBREAK DR.		1.3 STRE		DORESS		•		
f	BOCA RATON FL		1.4 CITY-						
CITY-ST-ZIP	STD	☐ DELETE	2.1 TITLE		ur .	•		☐ Change	e Addition
	TOMPSON, CONSTANCE A.	<u>_</u> 502201-	2.2 NAME					_ `	
NAME	18221 DAYBREAK DR.		1						
STREET ADDRESS		•	2.3 STRE		- 1				
CITY-ST-ZIP	BOCA RATON FL	DELETE	2. 4 CITY		ZIP			☐ Change	e Addition
TITLE			3.1 TITLE			•		c.ia.ig.	,
NAME			3.2 NAME						
STREET ADDRESS	·		3.3 STRE		·				
CITY-ST-ZIP		[] per err	3.4. CITY		ZIP			Change	e
TITLE	•	☐ DELETE	4.1 TTTLE					C Anady	. <u> </u>
NAME			4. 2 NAM						
STREET ADDRESS			4.3 STRE						
CITY-ST-ZIP			4.4 CITY		ZIP				
TITLE		☐ DELETE	5.1 TETLE		جنن انبت عد			Change	e
NAME			5.2 NAME					- 15	
STREET ADDRESS			5.3 STRE			···,			•
CITY-ST-ZIP			5.4 CITY		ZIP				- A date
TITLE		☐ DELETE	6.1 TITLE					☐ Change	e
NAME	·- ·	•	6.2 NAME	E					
STREET ADDRESS	•		6.3 STRE	ETA	DDRESS				
CITY-ST-ZIP	:		6.4 CITY	-ST-2	ZIP				

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 chaptes, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90049 004 ***150.00