FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M30814** **(1)**

1. Corporation Name

SAY REALTY & INVESTMENTS, INC.

Principal Place of Business	Mailing Address
C/O ASQUITH L. WRIGHT 18350 N.W. 7TH AVENUE MIAMI FL 33169-4438	C/O ASQUITH L. WRIGHT 18350 N.W. 7TH AVENUE MIAMI FL 33169-4438

2. Principal Place of Business	2a. Mailing Address
21 **21483 NW 2ND AVENUE**	26 **21483 NW 2ND AVENUE**
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 **MIAMI, FLORIDA**	28 **MIAMI, FLORIDA**
Zip 24 **33169** Country 25 **USA**	Zip 29 **33169** Country 30 **USA**

3. Date Incorporated or Qualified **04/21/1986**
3a. Date of Last Report **04/14/1995**
4. FEI Number **59-2660026** ☐ 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

9. Name and Address of Current Registered Agent

WRIGHT, ASQUITH L.
18350 N.W. 7TH AVENUE
MIAMI FL 33169-4438

10. Name and Address of New Registered Agent

81 Name **WRIGHT, ASQUITH L.**
82 Street Address (P.O. Box Number is Not Acceptable) **21483 NW 2ND AVENUE**
83
84 City **MIAMI, FLORIDA** **FL** 85 Zip Code **33169**

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) (Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, ASQUITH L.		1.2 NAME		
STREET ADDRESS	1510 NW 181 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOSELEY, DURRELL I.		2.2 NAME		
STREET ADDRESS	19564 NW 61ST AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRYANT, WILLIE A.		3.2 NAME		
STREET ADDRESS	18970 NW 6 CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		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 (12/95)

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)(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.

SIGNATURE: Asquith L. Wright ASQUITH L. WRIGHT 5/13/96 305-652-7653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #