

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M30934

1. Corporation Name

DOW GUARANTEE REALTY GROUP, INC.

Principal Place of Business

165 N.E. 97TH ST.
MIAMI SHORES FL 33138

Mailing Address

165 N.E. 97TH ST.
MIAMI SHORES FL 33138

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90003 026 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1986

4. FEI Number

65-0133990

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 9501 NE 2 AVE

Suite, Apt. #, etc.

22
City & State
23 MIAMI SHORES FL

24 Zip 33138 25 Country USA

2a. Mailing Address

26 9501 NE 2 AVE

Suite, Apt. #, etc.

27
City & State
28 MIAMI SHORES FL

29 Zip 33138 30 Country USA

9. Name and Address of Current Registered Agent

BROOK, LEE
165 N.E. 97TH STREET
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name MIKE STIBER

82 Street Address (P.O. Box Number is Not Acceptable)
11601 BISC BLVD

83 SUITE 100

84 City MIAMI

FL

85 Zip Code
33161

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

Mike Stiber
Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BROOK, LEE
STREET ADDRESS 165 N.E. 97TH STREET
CITY-ST-ZIP MIAMI SHORES FL ☒ DELETE

TITLE VST
NAME KLUCK, CHARLES
STREET ADDRESS 165 N.E. 97TH STREET
CITY-ST-ZIP MIAMI SHORES FL ☒ DELETE

TITLE D
NAME KLUCK, CHARLES
STREET ADDRESS 165 N.E. 97TH STREET
CITY-ST-ZIP MIAMI SHORES FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME MIKE STIBER
1.3 STREET ADDRESS 9501 NE 2 AVE
1.4 CITY-ST-ZIP MIAMI SHORES FL 33138

2.1 TITLE SECRETARY/TREASURER ☐ Change ☒ Addition
2.2 NAME MIKE STIBER
2.3 STREET ADDRESS 9501 NE 2 AVE
2.4 CITY-ST-ZIP MIAMI SHORES FL 33138

3.1 TITLE DIRECTOR ☒ Change ☐ Addition
3.2 NAME CHARLES KLUCK
3.3 STREET ADDRESS 9501 NE 2 AVE
3.4 CITY-ST-ZIP MIAMI SHORES FL 33138

4.1 TITLE DIRECTOR ☒ Change ☐ Addition
4.2 NAME LINDA C. KLUCK
4.3 STREET ADDRESS 9501 NE 2 AVE
4.4 CITY-ST-ZIP MIAMI SHORES FL 33138

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

Mike Stiber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 305-751-3066
Date Daytime Phone #

CR2E034 (11/98)

0203915