Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90246 028 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # M57588

1. Corporation Name

POWELL REALTY, INC.

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Principal Place	e of Business	Mailing Address			- 1-		I BIBII UKBIK BRUI	ii Disia di	(Bit blatt (BB)	
131 NE 1ST AVENUE #100 BOCA RATON FL 33432 US		131 NE 1ST AVENUE #100 BOCA RATON FL 33432			DO NOT WRITE IN		E.	· . • · · · · · · · · · · · · · · · · ·		
	·	US				3. Date incorporated or Qualifed 08/18/1987				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	-	<del></del>	lied For	
21 26						59-2838427		Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Required			
City & State	е,	<del></del>	City & State			6. Election Campaign Financing		5.00 ı		
23		28				Trust Fund Contribution		dded to	Fees	
Zip	Country	Zip	Count	ry		8. This corporation owes the current y	rear Intangible Y⊑ Ye		MNo I	
24	25	<u></u>	30			Personal Property Tax.			MINO	
	9. Name and Address of Current	Registered Agent	8	1 1	Name	10. Name and Address of New Regis	tereu Agent			
D∩W	ICH LODDAINE A		ľ	Ή.	· vaino	<u> </u>				
POWELL, LORRAINE A. 131 NE 1ST AVENUE #1805			8	2 3	Street Addres	ss (P.O. Box Number is Not Acceptable)				
	A RATON FL 33496		8	2						
ВОС	A RATON PE 33490		l°	٦						
			8		City		FL 85	Zip C		
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 reinstating)									istered	
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NAME .			4	1.3 STREET ADDRESS		•				
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CITY-ST-ZIP		☐ DELETE	6.1 TITLE			<del></del>	·	hange	Addition	
TITLE			6.2 NAME					1950		

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 trostee 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

THE AND PRODUCE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date

(561)338-7113