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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M71623

(6)

THIRD COURT REALTY CORPORATION, INC.

Jan 16 1997 8:00am Secretary of State

FILED

	ice of Business IELD HOLLOW I. FL 33446		7553 MANSFIELD HOLLOW DELRAY BCH. FL 33446-3314			3. Date Incorporated or Qualified 3a. Date of Last Report			
						3. Date Incorporated or Qualified 03/07/1988		28/1996	neport
2. Principal	Place of Business	2a. Mailing Address 26	2a. Mailing Address 26			4. FEI Number 65-0050617	Applied For Not Applicable		
Suite, Apt. # otc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & Sta	ate	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip ,	30 Cou	intry	y	8. This corporation has liability for in Florida Statutes	ntangible] Yes [s. 199.032,
	9, Name and Address of Curr	rent Registered Agent				10. Name and Address of New Reg	jistered .	Agent	
SHAIN, FRED					Name				
7553 MANSFIELD HOLLOW Delray BCH. Fl 33446				82	Street Add	ess (P.O. Box Number is Not Acceptable)			
-				83					
				84	City	The state of the s	FI	85 Zip	Code
agent. I SIGNATURE	Stgramze, systed or printed harnel or registened					poration submits this statement for the plion's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE		
TITLE	D			TLE		ADDITIONS/CITANGES TO OFFIC	LING AIVE	Change	
NAME	KLEINMAN, DAVID	المعتدد ال	1.2 N					دوب	
STREET ADORESS	TATE ATION BUT BOILDAR BUT	D., NO.			T ADDRESS				
CITY-ST ZIP	DELRAY BEACH FL	- • • • • • • • • • • • • • • • • • • •			ST-ZIP				
TITLE	D	-		TLE				Change	Addition
NAME	SHAIN, FRED		2.2 N	AME					
STREET ADDRESS			235	TREET	T ADDRESS				
CITY - ST - ZIP	DELRAY BCH. FL				ST-ZIP				
TITLE		DELETE	3110		ĺ			☐ Change	Addition
NAME CIDECT ADDRESS			32 N						
STREET ADDRESS	`\				T ADDRESS				
CHY-ST-7IP TITLE		DELETE	4,1 Ti		ST-ZIP			Change	Addition
NAME			4. 2 N						
STREET ADDRESS	s J		435	TAEE	T ADDRESS				
CITY-S1-ZIF			4.4 CI	ITY-S	ST-ZIP				
TITLE		☐ DELETE	5.1 TI	TLE				Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS	5		5.3 S	TREET	T ADDRESS				
CHY-SI-ZIP	1				ST-ZIP				
TITLE		☐ DELETE	61 TI	TLE	1			☐ Change	Addition

62 NAME

14. I do 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.

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/87 561-499-9089

16 PTIONS F