Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

## 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

3335 Forrest Dive

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90204 031 \*\*\*150.00

|--|

DOCUMENT # 1. Corporation Name	M71623
THIRD COURT REAL	TY CORPORATION, INC

Principal Place of Business 7553 MANSFIELD HOLLOW DELRAY BCH. FL 33446 US

2. Principal Place of Business 21 3335 forces t

Suite, Apt. #, etc.

City & State

22

Mailing Address

7553 MANSFIELD HOLLOW DELRAY BCH. FL 33446

2a. Mailing Address

City & State

26

27

	DO NO	AALZII 🗁 II A	Inio	SEACE
Date Incomor	atad as Our	alifo d		

8. This corporation owes the current year Intangible

03/07/1988

65-0050617

5. Certificate of Status Desired

**Election Campaign Financing** Trust Fund Contribution

Zip _	· Country	ZIP	Country	8. This corporation owes the cur	ent year intangible
24 330		29 33021	30 USA	Personal Property Tax.	Ŭ Yes ŽÎNo
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New I	
	IN, FRED		81 Name	Linds Kleinman t Address (P.O. Box Number is Not Accept	able)
7553	3 MANSFIELD HOLLOW			3335 torres	+ Orive
DELI	RAY BCH. FL 33446		83		
			84 City	1 . 11	85 Zip Code
				Hollywood	FL   33 <u>021</u>
11: Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the above-name	corporation submits this statement for the	purpose of changing its registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, I	s authorized by the cor Florida Statutes.	poration's board of directors. I hereby accept	i /
SIGNATURE		se Kleinn		•	1/14/98
SIGNATURE	Signature, typed or printed name of registered age		TE: Registered Agent signature		DATE
12.	OFFICERS AN	ID DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	KLEINMAN, DAVID		1.2 NAME		
STREET ADDRESS	7679 STIRLING BRIDGE BLVD.	, NO.	1.3 STREET ADDRES	5	
CITY-ST-ZIP	DELRAY BEACH FL		14 CITY-ST-ZIP		
TITLE	0	DELETE	2.1 TITLE	Kleinman Linds 3335 Firest Drive	☐ Change Addition
NAME	SHAIN, FRED		2.2 NAME	Kleinman, Linda	
STREET ADDRESS	7553 MANSFIELD HOLLOW		2.3 STREET ADDRES	3335 Fillest Dive	
CITY-ST-ZIP	DELRAY BCH-FL		2.4 CITY-ST-ZIP	Hollyward, FL 33	621
TITLE		☐ DELETE	3.1 TITLE	,	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRES	S	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRES	S	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRES	S	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		,
STREET ADDRESS	5		6.3 STREET ADDRES	s	•
CITY-ST-ZIP			6.4 CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

NG OFFICER OR DIRECTOR

Date