

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

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

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

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M71623**

1. Corporation Name  
**THIRD COURT REALTY CORPORATION, INC.**

Principal Place of Business 7553 MANSFIELD HOLLOW DELRAY BCH. FL 33446 US	Mailing Address 7553 MANSFIELD HOLLOW DELRAY BCH. FL 33446 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3335 Forrest Drive</b> Suite, Apt. #, etc. 22 City & State 23 <b>Hollywood, Florida</b> Zip Country 24 <b>33021</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>3335 Forrest Drive</b> Suite, Apt. #, etc. 27 City & State 28 <b>Hollywood, Florida</b> Zip Country 29 <b>33021</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>03/07/1988</b>	4. FEI Number <b>65-0050617</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent <b>SHAIN, FRED</b> 7553 MANSFIELD HOLLOW DELRAY BCH. FL 33446				10. Name and Address of New Registered Agent			
81 Name <b>Linda Kleinman</b>		82 Street Address (P. O. Box Number is Not Acceptable) <b>3335 Forrest Drive</b>		83			
84 City <b>Hollywood</b>		85 State <b>FL</b>		86 Zip Code <b>33021</b>			

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: Linda Lee Kleinman DATE: 11/14/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KLEINMAN, DAVID</b>		1.2 NAME	
STREET ADDRESS <b>7679 STIRLING BRIDGE BLVD., NO.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>DELRAY BEACH FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Secretary/Treasury</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SHAIN, FRED</b>		2.2 NAME <b>Kleinman, Linda</b>	
STREET ADDRESS <b>7553 MANSFIELD HOLLOW</b>		2.3 STREET ADDRESS <b>3335 Forrest Drive</b>	
CITY-ST-ZIP <b>DELRAY BCH. FL</b>		2.4 CITY-ST-ZIP <b>Hollywood, FL 33021</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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: Linda Kleinman DATE: (957) 418-5222  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (1/198)