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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M83820

1. Corporation Name

Principal Place of Business

GARY SACHS REALTY, INC.

C/O GARY A. S 74 BELMONT BI ORANGE PK FL US	LVD.	C/O GARY A. SACHS 74 BELMONT BLVD. ORANGE PARK FL 32073				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/02/1988
2. Principal Pl	ace of Business	2a. Mailing Addres	SS			4. FEI Number Applied For
21		26	26			59-2891032 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			- \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	e	City & State	City & State			6. Election Campaign Financing S5.00 May Be
23		28	•			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes the current year Intangible
24	25	29	30	30		Personal Property Tax. XYes No
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
SACHS, GARY A.				82 Street Address (P.O. Box Number is Not Acceptable)		
74 B	elmont blvd.		62 Street Ac		Succi	r Address (1.5. Box Hamber to Not Accorptions)
ORAI	NGE PARK FL 32073		83			
				84	City	FL 85 Zip Code
agent. I a SIGNATURE	m familiar with, and accept the obl	igations of, Section 607.05	505, Florida St	atutes		poration's board of directors. I hereby accept the appointment as registered equired when reinstating)
12.		AND DIRECTORS	1:	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT	☐ DEI	.ETE 1.1	TITLE		☐ Change ☐ Addition
NAME	SACHS, GARY A.		1.2	NAME		'
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		STREET	ADDRESS	s	
CITY-ST-ZIP	ORANGE PARK FL		1.4	CITY-S	T-ZIP	
TITLE	DVS	☐ DEI	.ETE 2.1	TITLE	-	Change Addition
NAME	SACHS, MARY A.		2.2	NAME		
STREET ADDRESS	74 BELMONT BLVD.	•		STREET	ADDRESS	s
CITY-ST-ZIP			4 CITY-S	T-ZIP		
TITLE	OTTUTOL TITLE			TITLE		☐ Change ☐ Addition
NAME			3.2	NAME		
STREET ADDRESS			3.3	STREET	ADDRESS	s
CITY-ST-ZIP			3.4	L CITY-S	T-ZIP	
TITLE		☐ DEI	ETE 4.1	TITLE		☐ Change ☐ Addition
NAME			4, 2	2 NAME		
STREET ADDRESS			4.3	STREE!	TADDRESS	s
CITY-ST-ZIP			4.4	CITY-S	T-ZIP	
TITLE		☐ DEI		TITLE		☐ Change ☐ Addition
NAME			5.2	NAME		
STREET ADDRESS			5.3	STREET	TADDRESS	s
CITY-ST-ZIP			5.4	CITY-S	T-ZiP	
TITLE		□ DE	ETE 6.1	TITLE		Change . Addition
NAME			6.2	NAME		
CTREET ADORESS			6.3	STREET	T ADDRESS	s

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.

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90092 026 ***150.00