FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

SIGNATURE:

DOCUM 1. Corporation N	996 MENT # P9300 Name GHT REAL ESTATE, INC.	00003164 (9))	nut:			
Principal Place of Business Mailing Address				•	- I 30011001 115 10100 FIRST 00511 001	IL 60 547 00 111 (NOCTO COLOR TIONS AILLI GLOS 1045
4517 SW 38TH TER FT LAUDERDALE FL 33312-5409		4517 SW 38TH TER FT LAUDERDALE FL 33312-5409					
					3. Date Incorporated or Qualified 01/14/1993		te of Last Report 05/01/1995
2. Principal Place of Business		2a. Making Address 26			4. FET Number 65-0393535		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	X	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be	
3		Zip Country			Trust Fund Contribution	LJ	Added to Fees
Zip 24	Zip Country 25 29		Gountry 30		This corporation has liability for intangible tax under s 199.032, Florida Statutes		
(4)	9. Name and Address of Curr		1991		10. Name and Address of New	Registered	I Agent
STATON, JAMES W			81	Name			
			82	Street Addr	treet Address (P.O. Box Number is Not Acceptable)		
	/ 38TH TER DERDALE FL 33312-5409		83				
FI DAUD	CHUMLE IL 33312-3409		84	City			85 Zip Code
				1	ation submits this statement for the pu	FI	L '
or registere familiar with	d agent or both, in the State of Flin, and accept the obligations of, So	orida. Such change was authori oction 607.0505. Florida Statute	zed by the corp	oration s doa	rd of directors. Thereby accept the app	oointment a	s registered agent. Lan
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN	
TITLE	DPS	DEVELE	1 1 Trille				Change Addition
NAME	STATON, JAMES W 4517 SW 38TH TER		1.2 NAME	LALDRESS			
STREET ADDRESS 4517 SW 381H 1ER CITY-ST-ZIP FT LAUDERDALE FL 3331		2	1.4 CHY-5	1			
TITLE		DELETE	2 1 liftE				Change Addition
NAME			2 2 NAME				
STREET ADDRESS	SS			T AT DRESS			
CITY - ST - ZIP TITLE	P DELETE		2.4 CITY - 1 3.1 TITLE	S1 - 10			☐ Change ☐ Addition
NAME		_ octor	3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
City - ST - ZiP			3 4 CITY -	S1 - 3(P			
TIFLE	DELETE		4 1 TITLE				☐ Change ☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			l l	1 Af DRESS			
CITY -S1 - ZIP TITLE		☐ DELETE	4.4 CBY - 5.1 DILE		AMAZANI WIETI		Change Addition
NAME	_ nan		5.2 NAME				-
STREET ADDRESS			l.	1.45 DRESS			
CITY - ST - ZIP	!		5 4 C(TY-	S - 70°			
TITLE	DELETE		6 I TITLE				Change Addition
NAME			6.2 NAME	1			
STREET ADDRESS				T ADDRESS			
CITY - S* - ZIP	y certify that the information supplie	ed with this fano is voluntarily to	64 CITY -	es not oualify	for the exemption stated in Section 11	9.07(3)(k).	Florida Statutes. I further
certify that	the information undicated on this s	nnua! report er supplemental ar inforation or the recever or trus	inual report is ti tee enipowered	we and accur	ate and that my signature shall have the report as required by Chapter 607	it: Sairrie its	ial enectas il indoe under

ME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR