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FILED

Apr 07 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018308 (5)

1. Corporation Name
TEQUESTA REALTY SALES INC.



Principal Place of Business

**501 BRICKELL KEY DR. #102
% GREGG E. TOLAND
MIAMI FL 33131**

Mailing Address

**501 BRICKELL KEY DR. #102
% GREGG E. TOLAND
MIAMI FL 33131-2617**

3. Date Incorporated or Qualified
03/10/1993

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

65-0495830

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**TOLAND, GREGG E
501 BRICKELL KEY DR.
#102
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KERR, KEITH G	
STREET ADDRESS	501 BRICKELL KEY DR., #102	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOLAND, GREGG L	
STREET ADDRESS	501 BRICKELL KEY DR., #102	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWENS, STEPHEN L	
STREET ADDRESS	501 BRICKELL KEY DR., #102	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, J. MEGAN	
STREET ADDRESS	501 BRICKELL KEY DR., #102	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	O	<input type="checkbox"/> DELETE
NAME	CARBY, BEVERLY C	
STREET ADDRESS	501 BRICKELL KEY DRIVE #102	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-97

Date

Daytime Phone #

CR2E034 (9/96)