Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90256 043 ***150.00

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

DOCUMENT # **P93000022599**1. Corporation Name

B.S.R. REALTY CORPORATION

Principal Place	e of Business	Mailing Address				t (Sattate tite isted titlt antit entit entit entit tenen tinne tenen tinne tenen		
11280 NW 52ND		364 NW 101ST AVE						
CORAL SPRINGS FL 33065 S310 US CORAL SPRINGS FL 33065						DO NOT WRITE IN THIS SPACE		
US						3. Date Incorporated or Qualifed		
						03/25/1993	- 1	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For		
21 3/04 NW 101 AVE 26						65-0409463 Not Applica \$8.75 Additional		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired Fee Required	!	
City & State City & State						6. Election.Campaign.Financing \$5.00 May Be		
23 Coral Sofines - 1-1, 28						Trust Fund Contribution Added to Fees		
Zip / Country Zip				Country		8. This corporation owes the current year Intangible	Ì	
24 330	7) 25 ISA	29 33071	30			Personal Property Tax. Yes No		
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered Agent	<u> </u>	
1			18	B1	Name	•		
	ERLY ROTHSTEIN		1	82	Street Ad	Address (P.O. Box Number is Not Acceptable)	\neg	
364 NW 101ST AVENUE								
COR	IAL SPRINGS FL 33071		E	83			ĺ	
			8	84	City	FL 85 Zip Code	\neg	
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 site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed name of registered agen			gent	signature requ		\dashv	
12.	OFFICERS AN	D DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	□ DELETE	1.1 TITL					
NAME	ROTHSTEIN, BEVERLY S		1.2 NAM				Ì	
STREET ADDRESS	4 5 5 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			1.3 STREET ADDRESS			Į	
CITY-ST-ZIP	COLDE OF THE COLD IN		1.4 CITY		-ZIP	☐ Change ☐ Ado	dition	
TITLE	(2.1 TITLE		}	Committee Committee		
NAME			2.2 NAM					
STREET ADDRESS	,				ADDRESS		į	
CITY-ST-ZIP			2.4 CIT		-ZIP	☐ Change ☐ Add	dition	
TITLE			3 1 TITL	·~-			-	
NAME	,		3.2 NAM			•	ĺ	
STREET ADDRESS			1		ADDRESS		1	
CITY-ST-ZIP		☐ DELETE	3.4. CFT 4.1 TITL		-ZIP	☐ Change ☐ Ado	dition	
TITLE					ľ		1	
NAME			4. 2 NA				- 1	
STREET ADDRESS	1				ADDRESS		1	
CITY-ST-ZIP			_	4.4 CITY-ST-ZIP 5.1 TITLE		. Change Ado	dition	
TITLE		□ VELETE	5.1 HIL		1			
NAME	\ .				ADDDESS	•	{	
STREET ADDRESS		•			ADDRESS		Į	
CITY-ST-ZIP			5.4 CITA 6.1 TITL		-217	☐ Change ☐ Ado	dition	
TITLE			6.2 NAN			_ Overlies		
NAME					ADDRESS			
STREET ADDRESS	i)		0.0018				- 1	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP