

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000035416 (5)**

1. Corporation Name
DEXTER REALTY, INC.



Principal Place of Business
**100 BALLENSLES DRIVE
PALM BEACH GARDENS FL 33418**

Mailing Address
**~~100 BALLENSLES DRIVE~~
~~PALM BEACH GARDENS FL 33418~~**

3. Date Incorporated or Qualified **05/14/1993** 3a. Date of Last Report **08/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **303 BallenIsles Dr.**

4. FEI Number
65-0417781

Applied For
Not Applicable

22 City & State

27 City & State
Palm Beach Gardens, FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country
33418

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, STEVEN
4176 BURNS ROAD
PALM BEACH GARDENS FL 33410**

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 **PD**
NAME **LANDRY, LAWRENCE L**
STREET ADDRESS **140 SOUTH DEARBORN**
CITY-ST-ZIP **CHICAGO IL 60603** ☒ DELETE

TITLE **V**
NAME **BILLS, JOHN C**
STREET ADDRESS **3910 RCA BLVD., #1001**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410** ☒ DELETE

TITLE **T**
NAME **ROBIN, HENRY G**
STREET ADDRESS **140 SOUTH DEARBORN**
CITY-ST-ZIP **CHICAGO IL 60603** ☒ DELETE

TITLE **S**
NAME **COHEN, STEVEN**
STREET ADDRESS **4176 BURNS ROAD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410** ☒ DELETE

TITLE **D**
NAME **EWING, ROBERT P**
STREET ADDRESS **140 SOUTH DEARBORN**
CITY-ST-ZIP **CHICAGO IL 60603** ☒ DELETE

TITLE **D**
NAME **HALLENE, ALAN N**
STREET ADDRESS **140 SOUTH DEARBORN**
CITY-ST-ZIP **CHICAGO IL 60603** ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President/Director** ☐ Change ☒ Addition
1.2 NAME **Roy H. Davidson**
1.3 STREET ADDRESS **303 BallenIsles Dr.**
1.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

2.1 TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
2.2 NAME **Thomas B. Mitchell**
2.3 STREET ADDRESS **303 BallenIsles Dr.**
2.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

3.1 TITLE **Vice President/Director** ☐ Change ☒ Addition
3.2 NAME **Robert J. Frein**
3.3 STREET ADDRESS **100 BallenIsles Drive**
3.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

4.1 TITLE **Vice President** ☐ Change ☒ Addition
4.2 NAME **Charles B. Ring**
4.3 STREET ADDRESS **3910 RCA Blvd., Suite 1000**
4.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

5.1 TITLE **Chairman** ☐ Change ☒ Addition
5.2 NAME **John C. Bills**
5.3 STREET ADDRESS **3910 RCA Blvd., #1001**
5.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Robert J. Frein

Date

Daytime Phone #

4/17/96 (407) 625-5742

CR2E034 (12/95)