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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000068988 (3)

SOUTHERN CAPITAL REALTY, INC.

FILED Jan 27 1998 8:00am Secretary of State

A HABUHARA INA HARBA BIRKI ABUK BAKK ABUK ABUK ABUK BAKKA BIKA BIRKA BIRKA BAKA BAKA BAKA BAKA BAKA BAKA BAKA

G85-7477

		<u> </u>			JEHN BUNG AKEN JEHN JUKAN IBKAN IBIN KADI	
Principal Place of Business Mailing Address						
1801 N PALM AVENUE SUITE 304-A		#7 07			DO NOT HOUTE IN THIS ODNOR	
PEMBROKE PINES FL 33026 US		DAVIE FL 33328	DAVIE FL 33328		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
00				09/29/1993	•	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26 4218 LU	VCO/N ST	65-0439795	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional	
22		27	-	5. Certificate of Status Desired	Fee Required	
City & State	е	City & State	, ,,,,,	6. Election Campaign Financing	\$5.00 May Be	
23		28 HO/1/WOO		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has p	F-3	
24	25	29 3302)	30 USA	Personal Property Tax due Jur		
	9. Name and Address of Cu	irrent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
HAVES, DORIS M.						
3150 ROLLING HILLS CR. 82 Street Address (P.O. Box Number is Not Acceptable) 4707					able)	
#707 DAVIE FL 33328			83	18 LINCOLN STR	9 8 7	
l DA	VIC PL 33320					
			84 City	11	85 Zip Code	
11 Pursuant	to the provisions of Sections 607	0502 and 607 1508. Florida Statut	les the above-named of	Corporation submits this statement for the	purpose of changing its registered	
office or re	egi ster ed agent, or b oth, in the S	State of Florida Such change was	authorized by the corp	oration's board of directors. I hereby acc	ept 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 registers	d agent and trie if applicable (NOI	TE: Registered Agent signature i	required when reinstalling)	DATE	
12.	OFFICERS	AND DIRECTORS	13	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE	P	Change Addition	
NAME	HAYES, DORIS M.		1.2 NAME	Hayes, Doris M.		
STREET ADDRESS	3150 ROLLING HILLS CIR	, # 707	1.3 STREET ADDRESS	4218 LINCOLN ST	-	
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	Hayes, Doris M. 4218 LINCOLN St Hollywood, Fl.	33021	
TITLE		☐ DELETE	2.1 TITLE	•	Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZiP			2 4 CITY - ST - ZIP			
TITLE		☐ DELETE	31 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADORESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	<u> </u>	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME		Discile	4. 2 NAME		orange raultun	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City - \$1 - ZIP	,		
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		•	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
14. I hereby o	ertify that the information supplies on this annual report or supplies	ed with this filing does not qualify for	or the exemption stated	d in Section 119.07(3)(i), Florida Statutes.	I further certify that the information if made under path; that I am an	
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 eath; 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.						
Block 12 or Block 13 if changed, or on an attachment with an address.						