

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

0062277

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P94000000092**

1. Corporation Name  
**BARRY RUTENBERG REALTY, INC.**



Principal Place of Business 5505 NW 48TH PLACE GAINESVILLE FL 32606 US	Mailing Address 5505 NW 48TH PLACE GAINESVILLE FL 32606 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5525 NW 48th Place Suite, Apt. #, etc. 22 City & State 23 Gainesville, FL Zip Country 24 32606 25 US		2a. Mailing Address 26 5525 NW 48th Place Suite, Apt. #, etc. 27 City & State 28 Gainesville, FL Zip Country 29 32606 30 US		3. Date Incorporated or Qualified 12/22/1993 4. FEI Number 59-3223581 Applied For No Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent RUTENBERG, BARRY 2820 NW 31ST TERRACE GAINESVILLE FL 32605				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 607.0501 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUTENBERG, BARRY		1.2 NAME		
STREET ADDRESS	2820 NW 31ST TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN ARSDALL, JEANNE		2.2 NAME		
STREET ADDRESS	5505 NW 48TH PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			3.2 NAME	VPD	
STREET ADDRESS			3.3 STREET ADDRESS	Rutenberg, Kirsten E.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	2820 NW 31st Terrace	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	STD	
STREET ADDRESS			4.3 STREET ADDRESS	McIntosh, Thomas P.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	2134 NW 15th Avenue	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 a address, with all other like empowered.

**SIGNATURE:** Barry Rutenberg, Pres. 4/20/99 352-373-8466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)