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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000012322 (1)**

1. Corporation Name
ATLANTIC GULF COMMERCIAL REALTY, INC.

Principal Place of Business	Mailing Address
2601 S BAYSHORE DR 9TH FLOOR MIAMI FL 33133	2601 S BAYSHORE DR 9TH FLOOR MIAMI FL 33133-5412

3. Date Incorporated or Qualified: 02/14/1994
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0470152 ☐ 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

LANGLEY, MARCIA H
2601 S BAYSHORE DR
9TH FLOOR
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: JOEL K. GOLDMAN
82 Street Address (P.O. Box Number is Not Acceptable): 2601 S. Bayshore DR
83: 9th Floor
84 City: Miami FL 85 Zip Code: 33133

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] Joel K. Goldman 4/11/97
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	DV	☐ DELETE	1.1 TITLE	VS	☒ Change ☐ Addition
NAME	JEFFREY, THOMAS W		1.2 NAME	Goldman, Joel K	
STREET ADDRESS	2601 S BAYSHORE DR		1.3 STREET ADDRESS	2601 S. Bayshore DR	
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-ST-ZIP	Miami FL 33133	
TITLE	D	☒ DELETE	2.1 TITLE	VAS	☒ Change ☐ Addition
NAME	ANNESS, LISA D		2.2 NAME	Langley, Marcia H	
STREET ADDRESS	2601 S BAYSHORE DR		2.3 STREET ADDRESS	2601 S. Bayshore DR	
CITY-ST-ZIP	MIAMI FL 33133		2.4 CITY-ST-ZIP	Miami FL 33133	
TITLE	VAS	☐ DELETE	3.1 TITLE	VD/AS/C	☐ Change ☒ Addition
NAME	GOLDMAN, JOEL K.		3.2 NAME	Carleton, Callis N.	
STREET ADDRESS	2601 S BAYSHORE DR		3.3 STREET ADDRESS	2601 S. Bayshore DR	
CITY-ST-ZIP	MIAMI FL 33133		3.4 CITY-ST-ZIP	Miami FL 33133	
TITLE	DP	☐ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	FERTIG, JAY C		4.2 NAME	Kupperman, Scott	
STREET ADDRESS	2601 S BAYSHORE DR		4.3 STREET ADDRESS	2601 S. Bayshore Dr	
CITY-ST-ZIP	MIAMI FL 33133		4.4 CITY-ST-ZIP	Miami FL 33133	
TITLE	VS	☐ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	LANGLEY, MARCIA H		5.2 NAME	MacNair, Christopher	
STREET ADDRESS	2601 S BAYSHORE DR		5.3 STREET ADDRESS	2601 S. Bayshore Dr	
CITY-ST-ZIP	MIAMI FL 33133		5.4 CITY-ST-ZIP	Miami FL 33133	
TITLE	VT	☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	FISCHER, JOHN H		6.2 NAME	Gilbert, Gerry	
STREET ADDRESS	2601 S BAYSHORE DR		6.3 STREET ADDRESS	2601 S. Bayshore Dr	
CITY-ST-ZIP	MIAMI FL 33133		6.4 CITY-ST-ZIP	Miami FL 33133	

CR2E034 (9/96)

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] Joel K. Goldman 4/11/97 305 859-4071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

See Schedule of Addition Attached

Addition

V
Woodbury, Kimball D
2601 S. Bayshore Drive
Miami FL 33133