FILE NOW: FILING FEE AFTER MAY 1 IS $20.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR 21 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000027938 (7)**

1. Corporation Name

D & REALTY PROFESSIONALS, INC.

Principal Place of Business

20500 WEST DIXIE HWY.
NORTH MIAMI BEACH FL 33180-1129

Mailing Address

20500 WEST DIXIE HWY.
NORTH MIAMI BEACH FL 33180-1

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/12/1994**

3a. Date of Last Report:

2. Principal Place of Business
21:

2a. Mailing Address
26:

22: Suite, Apt. #, etc.

27: Suite, Apt. #, etc.

23: City & State

28: City & State

24: Zip | 25: Country | 29: Zip | 30: Country

4. FEI Number: 65-0283457 ☐ 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

LEDERER, STEVEN J
2450 N.E. MIAMI GARDENS DRIVE
SUITE 100
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

31: Name

32: Street Address (P.O. Box Number is Not Acceptable)

33:

34: City **FL** 35: 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11: TITLE	☐ Change ☐ Addition
NAME	BRAHA, DONNA	12: NAME	
STREET ADDRESS	20500 W. DIXIE HWY.	13: STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	14: CITY-ST-ZIP	
TITLE		21: TITLE	☐ Change ☐ Addition
NAME		22: NAME	
STREET ADDRESS		23: STREET ADDRESS	
CITY-ST-ZIP		24: CITY-ST-ZIP	
TITLE		31: TITLE	☐ Change ☐ Addition
NAME		32: NAME	
STREET ADDRESS		33: STREET ADDRESS	
CITY-ST-ZIP		34: CITY-ST-ZIP	
TITLE		41: TITLE	☐ Change ☐ Addition
NAME		42: NAME	
STREET ADDRESS		43: STREET ADDRESS	
CITY-ST-ZIP		44: CITY-ST-ZIP	
TITLE		51: TITLE	☐ Change ☐ Addition
NAME		52: NAME	
STREET ADDRESS		53: STREET ADDRESS	
CITY-ST-ZIP		54: CITY-ST-ZIP	
TITLE		61: TITLE	☐ Change ☐ Addition
NAME		62: NAME	
STREET ADDRESS		63: STREET ADDRESS	
CITY-ST-ZIP		64: 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)(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: *Donna Braha*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

010676 CR