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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000029656

1. Corporation Name

ASHBEL REALTY ADVISORS, INC.

Principal Place	e of Business	Mailing Address					11 0 5111 30 110 110	iin iälin eyini	8111 0 8111 1001
2000 SO DIXIE HIGHWAY		2000 SO DIXIE HIGH	2000 SO DIXIE HIGHWAY						
STE 100		STE 100	STE 100			DO NOT WRITE IN THIS SPACE			
MIAMI FL 33133		MIAMI FL 33133			3. Date Incorporated or Qualifed				
US		US				04/19/1994		•	
2 Principal Pl	face of Business	2a. Mailing Address				4. FEI Number		Арі	plied For
21	race of Basilless	26				65-0488003			t Applicable
Suite Apt.	#, etc.	Suite, Apt. #, etc	S .			-5. Certificate of Status Desired		\$8.75 A	dditional
22	• • • •	27	·	_	_	5. Certificate of Status Desired	U · · · ·	Fee Re	quired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution	<u> </u>	Added to) Fees
Zip	Country	Zip		Country		8. This corporation owes the curre			
24	25		30	<u> </u>		Personal Property Tax.			□No
	9. Name and Address of Cui	rent Registered Agent		81	Name	10. Name and Address of New R	egistered A	gent	
KOTI	ler, A. Stephen	•			Name				
	LAMONT & NEIMAN, P.A.			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
	BISCAYNE TWR, 2 S. BISCA	YNE BLVD #3550		83		_			
	WI FL 33131	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
				84	City	_	FL	85 Zip C	ode
11 Pureuant	to the provisions of Sections 607	0502 and 607 1508 Florida	Statutes, t	the above	e-named co	rporation submits this statement for the	purpose of cl	hanging its	registered
i i, i disubili	to the provisions of economic cor.	-t- of Cloride Cust shange	was autho	wizod by	41	tion's heard of directors. I hereby accen	t the appoint	ment as reg	
office or to	egistered agent, or both, in the St	ate of Florida, Such change	was audio	Statutor	tne corpora	tion's board of directors. I hereby accep			gistered
office or to	registered agent, or both, in the St m familiar with, and accept the ob	ligations of, Section 607.050	5, Florida	Statutes.	tne corpora	gion's board of directors. Thereby accep			gistered
office or to	m familiar with, and accept the ob	ligations of, Section 607.050	5, Florida	Statutes	•	ired when reinstating)	DATE	· <u>· </u>	gistered
office or re agent. I a	m familiar with, and accept the ob	ligations of, Section 607.050	5, Florida	Statutes	•		DATE ICERS AND	DIRECTO	RS IN 12
office or reagent. I as	m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS	ligations of, Section 607.050	5, Florida (NOTE: Regi	Statutes	•	ired when reinstating)	DATE ICERS AND		yistered
office or reagent. I all SIGNATURE	m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS P ASHBEL, BOAZ	ligations of, Section 607.050 agent and title if applicable. AND DIRECTORS	(NOTE: Regi	Statutes	•	ired when reinstating)	DATE ICERS AND	DIRECTO	RS IN 12
office or reagent. I as	In familiar with, and accept the observation of registered OFFICERS P ASHBEL, BOAZ 3020 LUCAYA ST.	ligations of, Section 607.050 agent and title if applicable. AND DIRECTORS	5, Florida (NOTE: Regi	pistered Agen 13. 1.1 TITLE	it signature requi	ired when reinstating)	DATE ICERS AND	DIRECTO	RS IN 12
office or reagent. I at SIGNATURE 12. TITLE NAME	m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS P ASHBEL, BOAZ	ligations of, Section 607.050 agent and title if applicable. AND DIRECTORS	5, FIORIDA (NOTE: Regi	istered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	it signature requi	ired when reinstating)	DATE FICERS AND	DIRECTO Change	RS IN 12
office or ragent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	In familiar with, and accept the observation of registered OFFICERS P ASHBEL, BOAZ 3020 LUCAYA ST.	ligations of, Section 607.050 agent and title if applicable. AND DIRECTORS	5, FIORIDA (NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	it signature requi	ired when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12
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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 tripe 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 justice tempowered 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 a statistic tripe to the corporation of t

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR I