May 01, 1999 8:00 am Secretary of State

05-01-1999 90016 031 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400038758

1. Corporation	•	.000.00								
AUHUHA	REALTY, INC.					11001	Áð) ner inga álðni noga áðun 18	 		11 <b>8</b> 1 1 <b>81</b> 1 1 <b>88</b> 1
	• • • • • • • • • • • • • • • • • • • •									
Principal Place	of Business	Mailing Address					NOV 210 10121 01011 00211 00112 00	I I I II		((81 1811 1881
1750 N. FLORIDA MANGO ROAD 1750 N. FLORIDA MANGO RO									-	
SUITE 402		SUITE 402								
W. PALM BEACH FL 33409 W. PALM BEACH FL 33409						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
US		US				3. Date Incor	•			
2 Principal Pl	ace of Business	2a, Mailing Addres				4. FEI Numb			Appl	lied For
21		26				65-053°	1701 -		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.				_	. \$	3.75 Ad	lditional
22	week and the second	27			مستد ۽	5. Certificate	of Status Desired	, .	Fee Req	uired
City & State	e	City & State				6. Election C	ampaign Financing	\$	5.00 M	fay Be
23		28		<b></b>		Trust Fund	Contribution		Added to	Fees
Zip	Country	Zip	Coun	try			ration owes the current y			<b>-</b>
24	25	29	30				roperty Tax.	4		□No
•	9. Name and Address of Curren	t Registered Agent		31	Name	10. Name and	Address of New Regis	stered Ager	<u> </u>	
MED	OLA, JAMES R	•		"	name				_	
11380 PROSPERITY FARMS ROAD				32	Street Add	iress (P.O. Box Nu	mber is Not Acceptable)	,		ì
SUITE 204				33	<del></del>		<u>-</u>			
	M BEACH GARDENS FL 33410		'	"		٠.	•		_	
	W BENOT WWW.		1	34	City			FL 85	Zip Co	ode
	to the provisions of Sections 607.050	2 C07 1500 Florida	Statutes the ab	1	named cor	poration submits th	is statement for the num		ding its re	egistered
office or p	adistored agent or both in the State	of Florida, Such change	was authonzed i	วงเ	he corporat	ion's board of dire	ctors. I hereby accept the	appointme	nt as regi	stered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.05	i05, Florida Statut	es.		•				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registered A	aent	signature requir	ed when reinstating)		ATE		
12.		ID DIRECTORS	13.				CHANGES TO OFFICE	RS AND D	RECTOR	RS IN 12
TITLE	DP	□ DEL	ETE 1.1 TITL	£					Change	Addition
NAME	KLIGLER, LENNARD J		1.2 NAN	E		•				
STREET ADDRESS	2640 GATELY DR. W., SUITE 1	1302	1.3 STR	EET A	ADDRESS			•		:
CITY-ST-ZiP	W. PALM BEACH FL 33415		1.4 CITY	-ST-	ZIP	* .	·			
TITLE	DVP	☐ DEL	ETE 2.1 TITL	E					Change	Addition
NAME	GINSBERG, VICTOR		2.2 NAV	Œ			,			
STREET ADDRESS	3500 GALT OCEAN DRIVE, #1		2.3 STR	EET /	ADDRESS					
C/TY-ST-ZIP	FORT LAUDERDALE FL 33308		2.4 CIT	_	ZIP	····			<u> </u>	n Addition
TITLE .		☐ DEL						U'	Change	☐ Addition
NAME '	·		3.2 NAM	E				•		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3.4. CIT		-ZIP	*	-		Change	Addition
TITLE		☐ DEL							onlange	
NAME	•		4. 2 NA			•				
STREET ADDRESS					ADORESS					
CITY-ST-ZIP		DEL	4.4 CITY		ZIP		<del></del>		Change	Addition
TITLE		الما الماد	.ETE 5.1 TITL 5.2 NAM			•	•	u	onango	
NAME	3 3				ADDRESS					į
STREET ADDRESS					~					
077/07 7/0	, ·		54 CIT		.ZIP		,			
CITY-ST-ZIP		DEL	5.4 CITY ETE 6.1 TITL	∕-ST-	ZIP		, , , , , , , , , , , , , , , , ,		Change	Addition

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 traster 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 attaching the property of the corporation of the corporation or the receiver of the corporation of the corporation

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

GNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/94

561-687-3600 Daytime Phone #