

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 9:59

DOCUMENT # P94000053219 (9)

1. Corporation Name

PUBWINT REALTY CORP.

Principal Place of Business

Mailing Address

200 W FORSYTH ST
SUITE 1600
JACKSONVILLE FL 32202

200 W FORSYTH ST
SUITE 1600
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
07/19/1994

3a. Date of Last Report

4. FLL Number
13-3791363

Applied For
Not Applicable

5. Certificate of Status Ordered

\$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 § 190.032,
Florida Statutes: ☐ Yes ☐ No

21. ~~261 Madison Avenue~~

26. ~~261 Madison Avenue~~

22. ~~21st Floor~~

27. ~~21st Floor~~

23. ~~New York, NY~~

28. ~~New York~~

24. ~~10016~~

29. ~~NY 10016~~

30. ~~US~~

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOUSTON, CLARENCE H JR
200 W FORSYTH ST
SUITE 1600
JACKSONVILLE FL 32202

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 607.0502 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
D
NAME
HOUSTON, CLARENCE H JR
STREET ADDRESS
200 W FORSYTH ST SUITE 1600
CITY, ST, ZIP
JACKSONVILLE FL 32202

1.1 TITLE
P
NAME
Jack Forqash
12 NAME
13 STREET ADDRESS
261 Madison Ave. 21st Floor
14 CITY, ST, ZIP
New York, NY 10016

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE
S
NAME
Elliott Forqash
2.2 NAME
2.3 STREET ADDRESS
261 Madison Ave. 21st Floor
2.4 CITY, ST, ZIP
New York, NY 10016

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032, Florida Statutes. I further certify that the information included 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:

Jack Forqash President

2/14/95

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR