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 # P94000053219

1. Corporation Name

PUBWINT REALTY CORP.

Mar 10, 1999 8:00 am
Secretary of State
03 10 1000 00065 016 ***150 00



Principal Place of Business Mailing Address							- 1 1961(106) ILB (GISH GIRH GRIN) GRIN GRIN GRIN GRIN GRIN GRIN GRIN GRIN	
200 W FORSYTH ST 275 MADISON AVE			MADISON AVE					
SUITE 1600			30TH FLOOR					
JACKSONVILLE FL 32202			NEW YORK NY 10016				DO NOT WRITE IN THIS SPACE	
		US					3. Date Incorporated or Qualifed	
							07/19/1994	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For	
21			26				13-3791363 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22			27				5. Certificate of Status Desired Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23			28				Trust Fund Contribution Added to Fees	
Zip Country			Zip Country				This corporation owes the current year Intangible	
24 25			30				Personal Property Tax. Yes No	
	9. Name and Address of Curren	t Regis	stered Agent				10. Name and Address of New Registered Agent	
				}{	31	Name		
HOUSTON, CLARENCE H JR					32	Street Addre	ess (P.O. Box Number is Not Acceptable)	
ļ.	w forsyth st				-	,		
SUITI	E 1600			Ī	33			
JACK	SONVILLE FL 32202			L	_		85 Zip Code	
				1	34	City	FL B 2 P COUR	
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, typed or printed name of registered ager			·	gent	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P		☐ DELETE	1.1 TITL			Committee Committee	
NAME	FORGASH, JACK			1.2 NAV				
STREET ADDRESS	275 MADISON AVE 30TH FLR			1.3 STR	EET,	ADDRESS	_	
CITY-ST-ZIP	NEW YORK NY			1.4 CITY		-ZIP	☐ Change ☐ Addition	
TITLE	S		☐ DELETE	2.1 TITL	E		Change Discussion	
NAME	FORGASH, ELLIOTT			2.2 NAW	ΙE			
STREET ADDRESS 275 MADISON AVE 30TH FLOOR				2.3 STR	EET/	ADDRESS		
CITY-ST-ZIP	NEW YORK NY			2. 4 CIT	Y- <u>\$</u> T	r-ZIP		
TITLE			☐ DELETE	3.1 TITL	E		☐ Change ☐ Addition	
NAME				3.2 NAM	Æ			
STREET ADDRESS				3.3 STR	EET.	ADDRESS		
CITY-ST-ZIP				3.4. CIT	Y-ST	r-ZIP		
TITLE			☐ DELETE	4.1 TITL	E		☐ Change ☐ Addition	
NAME				4. 2 NA	ΜE			
STREET ADDRESS				4.3 STR	EET.	ADDRESS	}	
CITY-ST-ZIP			¢	4.4 CITY	/-ST	-ZIP		
TITLE			☐ DELETE	5.1 TITL	E		☐ Change ☐ Addition	
NAME				5.2 NAM	Æ		ĺ	
STREET ADDRESS				5.3 STR	EET	ADDRESS	į.	
CITY-ST-ZIP				5.4 CIT	r-ST	-ZIP		
TITLE			☐ DELETE	6.1 TITL	E		Change Addition	
NAME				6.2 NAM	Æ			
STREET ADDRESS				6.3 STR	EET.	ADDRESS		
CITY OT 710				6.4 CIT	Y-ST	-ZIP		

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED AND OF SIGNING OFFICER OR DIRECTOR L. MRED

CR2E034 (11/98)