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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400061530

1. Corporation Name

AMERA-FACS REALTY, INC.

Principal Place	of Business	Mailing Address		<u> </u>		1 A1181 11881 A1188	i ISHIC ARSI 1881
3600 SOUTH STATE ROAD #7		3600 SOUTH STATE ROAD #7					
Suite 4 Miramar Fl 33023		SUITE 4 MIRAMAR FL 33023			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		
					08/22/1994	_	
2. Principal Pl	ace of Business	2a. Mailing Addres	s		4. FEI Number	Ap	plied For
21		26			65-0156334		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.	_	5. Certificate of Status Desired	\$8.75.A	
22		27				Fee Re	· —
City & State		City & State	├ ¬ '		6. Election Campaign Financing	\$5.00 Added to	
23	Country	Zip	. Cou	ntry	Trust Fund Contribution 8. This corporation owes the current year in		0 1662
Zip	25	29	30	,	Personal Property Tax.		□No
24	9. Name and Address of Current		[30]		10. Name and Address of New Registered	Agent	
	J. Historian Company			81 Name			
HANNA, ALLEN W				82 Street A	Address (P.O. Box Number is Not Acceptable)		
2062	5 NW 23RD AVE.			OZ SUBELA	lodiess (F.O. Box Mulliber is Not Acceptable)		
MIAN	AI FL 33056			83			
	,	,		84 City	Fl	85 Zip C	Code
44 D 44 The state of the state				hove parred s	representing submits this statement for the nurrose 0	f changing its	registered '
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.							
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.05	os, Fiorida Stati	лes.		ر منتسب مراجع	
SIGNATURE	Signature, typed or printed name of registered agent	t and true if applicable.	(NOTE: Registered	Agent signature re	equired when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PTS	☐ DEI	ETE 1.1 TT	TLE .		Change	☐ Addition
NAME	HANNA, ALLEN W		1.2 N	ME			
STREET ADDRESS	3600 SOUTH STATE ROAD #7		1.3 81	REET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL 33023			TY-ST-ZIP			F7 A 1897 -
TITLE		□ DEI	ETE 2.1 π	rle.		☐ Change	Addition
NAME			2.2 N/	WE			
STREET ADDRESS			_	REET ADDRESS			
CITY-ST-ZIP		C DE		TY-ST-ZIP		☐ Change	☐ Addition
TITLE (☐ DEL	1)			
NAME			3.2 N/				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP		[] Change	Addition
NAME		_ Je.	4.2 N			_ ,	
1				REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DEI				☐ Change	Addition
NAME			5.2 N			_	
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	•		5.4 CI	TY-ST-ZIP			
TITLE		□ DEI				Change	☐ Addition
NAME			6.2 N/	WE		_	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP