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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary & State

DIVISION OF CORPORATIONS

DOCUMENT #

P94000067478 (5)

FINE REALTY, INC.

FILED Feb 18 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				T I I DE HOUR HE FOLLI BLEIF ED FIL DE HIL GUIL	I ODANO BANIN NODIN DIBIN NODOF ARKI RODA	
2320 WHISPERING OAKS LANE		2320 WHISPERING OAKS LANE				
DELRAY BEACH FL 33445		DELRAY BEACH FL 33445		DO NOT WRITE	DO NOT INDITE IN THE ODA OF	
				3. Date incorporated or Qualified	DO NOT WRITE IN THIS SPACE	
				09/09/1994		
2. Principal Place of Business		2a. Mailing Address.		4. FEI Number	Applied For	
21			E Beel ST	65-0524425	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State)	City & State	Beach	6. Election Campaign Financing	\$5.00 May Be	
23		28 0 RAY	ECACO -	Trust Fund Contribution	Added to Fees	
Zip	Country	29 33483	30 Palm Be	8. This corporation owes or has paid. Personal Property Tax due June:	d the current year Intangible	
24	9. Name and Address of Currer		1301 1 APINC PU	10. Name and Address of New Rec	Histored Agent	
FINE, CLIFFORD T						
	O WHISPERING OAKS LANE		82 Street Ado	tress (P.O. Box Number is Not Acceptable	3	
DELRAY BEACH FL 33445			62 Street Aug	tress (P.O. Box Number is Not Acceptable	\$ <i>T</i>	
-			83			
			84 City		85 Zip Code, c	
				riray Beach	FL 3397.5	
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 Torida. 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 objection 607.0505, Florida Statutes.						
agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.						
SIGNATURE // MCL) / DB-						
Signature, typed Mainted harrie of registered again title if applicable NOTE: Registered Agant signature required when reinstating) DATE						
12.	OFFICERS AN	D DIRECTORS L. DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition	
	FINE, CLIFFORD T	Deterio	1.2 NAME			
NAME Street Address	2320 WHISPERING OAKS LAI	NF	1.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33445	16	1.4 CHY-ST-ZIP			
TITLE	D	DELETE			Change Addition	
NAME	ZABIK, VINCENT		2.2 NAME			
STREET ADDRESS	2320 WHISPERING OAKS LAI	NE	2.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33445		2.4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		·	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE			☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		□ pri cre	4.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE			Change L Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		İ	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZiP 6.1 TITLE		Change Addition	
NAME			6.2 NAME		the committee of the control of	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. Thereby o	ertify that the information supplied w	ith this filing does not qual	lify for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I f	urther certify that the information	
14. I hereby certify that the information subplied 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 suppliemental 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 charged, or on an I stachmen with an address.						