## 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 # P94000075751 1. Corporation Name

REALTY ASSET SHAREHOLDINGS, INC.

Principal Place of Business	Mailing Address	
8571 GLENCAIRN LN MIAMI LAKES FL 33016 US	8571 GLENCAIRN LANE MIAMI LAKES FL 33016 US	
Principal Place of Business     The Principal Place of Business	2a. Mailing Address 26	

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90147 011 \*\*\*158.75



Principal Place	e of Business	Mailing Address						
8571 GLENCAIF	IN LN	8571 GLENCAIRN LANE						
MIAMI LAKES F		MIAMI LAKES FL 33016			_			
US		บร			DO NOT WRITE	IN THIS SP.	ACE	
					<ol><li>Date Incorporated or Qualifed</li></ol>			
					10/14/1994			
2 Principal P	ace of Business	2a, Mailing Address			4, FEI Number		Арр	lied For
		26			65-0535186		Not	Applicable
21	# ata	Suite, Apt. #, etc.				/ 9	8.75 A	
Suite, Apt.	#, etc.	<b>—</b>			<ol><li>Certificate of Status Desired</li></ol>	<b>Ø</b> '	Fee Red	
22		27						
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00	· 1
23		28			Trust Fund Contribution		Added to	rees
Zip	Country	Zip	Cour	ntry	This corporation owes the current			ا ا
24	25		30		Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Age	ent	
				81 Name				
GLIC	KMAN, FRED E ESQ		-		(D.O. D. M M A	-1		
9200	S DADELAND BLVD SUITE 50	)8		82 Street A	ddress (P.O. Box Number is Not Acceptable	e)		Į
	AI FL 33156		}	83	<u> </u>			
1712 4	1 2 00 100		-	03				
			}	84 City		[	35 Zip C	ode
				'	_	FL		
11_Purcuent	to the provisions of Sections 607.050	02 aut 697.1508, Florida Statute	es, the ab	ove-named c	orporation submits this statement for the pu	rpose of cha	inging its i	egistered
office or r	egistered agent or both, in the State	of Morida. Suchichange was a	uthorized	by the corpor	orporation submits this statement for the puration's board of directors. I hereby accept	ne appointm	ent as reg	istered
agent. i a	m ramiliar with and accept his bolige	alidis di, Section 607.0303, Pio	ilua Statu	163.		3.16.9	79	
SIGNATURE	- Jatrica 11.	x raine	. D (co	*	enutation reinstating)	3-/6-9		
	Signature, typed or printed name of registered age	<del>                                     </del>	<del>-</del> -	Jan Milana	ADDITIONS/CHANGES TO OFFI			RS IN 12
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO CITY		Change	Addition
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NAME	SHARKEY, PATRICIA M		1.2 NA	ME .				
STREET ADDRESS	8571 GLENCAIRN LN		1.3 ST	REET ADDRESS				Į
CITY-ST-ZIP	MIAMI LAKES FL		1,4 CFT	Y-ST-ZIP				
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			22 NA	ME		Ł	] Criange	- 1
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CITY-ST-ZIP			2.3 STI	REET ADDRESS		Ĺ	] Criange	
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		☐ DELETE	2.3 STI	REET ADDRESS			Change	☐ Addition
NAME		☐ DELETE	2.3 STI 2. 4 CI	REET ADDRESS TY-ST-ZIP LE	<del></del> -			Addition
		☐ DELETE	2.3 STF 2.4 CI 3.1 TITI 3.2 NA	REET ADDRESS TY-ST-ZIP LE				Addition
STREET ADDRESS		☐ DELETE	2.3 STF 2. 4 CIT 3.1 TITI 3.2 NA 3.3 STF	REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS				Addition
STREET ADDRESS		☐ DELETE	2.3 STF 2.4 CI 3.1 TITI 3.2 NA 3.3 STF 3.4 CF	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP		C		Addition
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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 repeiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, so on an arischment with an address, with all other life empowered.

SIGNATURE: