

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000077414 (8)

1. Corporation Name

MASTERCRAFT REALTY, INC.

Principal Place of Business

Mailing Address

~~G/O KTG&S Registered Agent Corporation~~ ~~C/O KTG&S~~
~~1401 Brickell Avenue, Suite 700~~ ~~REGISTERED AGENT~~
~~Miami, Florida 33131~~ ~~CORPORATION, 1401~~
~~BRICKELL AVE., STE 700~~
~~MIAMI, FLORIDA 33131~~

2. Principal Place of Business

2a. Mailing Address

21 2121 Ponce de Leon Blvd.

26 2121 Ponce de Leon Blvd.

3. Date Incorporated or Qualified

3a. Date of Last Report

10/20/1994

05/01/1995

4. FEI Number

65-0529987

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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 s. 199.032,
Florida Statutes ☒ Yes ☐ No

22 Suite 1035

27 Suite 1035

City & State

City & State

23 Coral Gables, Florida

28 Coral Gables, Florida

Zip Country

Zip Country

24 33131

25 U.S.

29 33134

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KTG&S Registered Agent Corporation~~
~~1401 Brickell Avenue~~
~~Suite 700~~
~~Miami, FL 33131~~

81 Name
Gregg S. Truxton, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd.

83 Suite 1035

84 City
Coral Gables

FL

85 Zip Code
33134

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 agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

Gregg S. Truxton

4/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME Buigas, O.J.
STREET ADDRESS 4425 S. Landings Dr.
CITY-ST-ZIP Ft. Myers, FL

TITLE ☐ DELETE

NAME Waite, Robert
STREET ADDRESS 4425 S. Landings Dr.
CITY-ST-ZIP Ft. Myers, FL

TITLE ☒ DELETE

NAME Schwantes, Joseph
STREET ADDRESS 4425 S. Landings Dr.
CITY-ST-ZIP Ft. Myers, FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 9311 College Parkway, Suite 1
1.4 CITY-ST-ZIP Ft. Myers, FL 33919

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 9311 College Parkway, Suite 1
2.4 CITY-ST-ZIP Ft. Myers, FL 33919

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Miller, Robert
3.3 STREET ADDRESS 9311 College Parkway, Suite 1
3.4 CITY-ST-ZIP Ft. Myers, FL 33919

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600001815046
-05/09/96--01063--016
***200.00

S. J. P.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

Daytime Phone #

CR2E034 (12/95)