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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000083471 (0) DOCUMENT # DAVID L. NADLER REALTIES, INC. Principal Place of Business Mailing Address 210 ETON CRESCENT 210 ETON CRESCENT HAMPSTEAD, QUEBEC H3X3K3 HAMPSTEAD, OUEBEC H3X3K3 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/15/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0545250 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROTH, MITCHEL W 2020 N.E. 163RD ST. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 300 83 NORTH MIAMI BEACH FL 33162 84 City Zip Code 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NADLER, DAVID L NAME 12 NAME 210 ETON CRESCENT STREET ADDRESS 1.3 STREET ADDRESS HAMPSTEAD, QUEBEC, CANADA CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 arrural 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

SIGNATURE:

3/5/9/
954.7444

6.4 CITY - ST-ZIP

SIGNATURE:

**FILED** 

Mar 12 1998 8:00am

Secretary of State