1999.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90014 026 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000083471

1. Corporation Name

DAVID L. NADLER REALTIES, INC.

David L. Nadler
9801 Collins Avenue
Apartment 12J
Bal Harbour, FL 33154

David L. Nadler
9801 Collins Avenue
Apartment 12J
Bal Harbour, FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1994

4. FEI Number: 65-0545250 — 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 owes the current year intangible Personal Property. Yes / No

2. Principal Place of Business		2a. Mailing Address	
21	9801 COLLINS AVE	26	9801 COLLINS AVE
22 Suite, Apt. #, etc.	12 J	27 Suite, Apt. #, etc.	12 J
23 City & State	BAL HARBOUR	28 City & State	BAL HARBOUR
24 Zip	33154 — 25 Country: FL	29 Zip	33154 — 30 Country: FL

9. Name and Address of Current Registered Agent

ROTH, MITCHEL W
2020 N.E. 163RD ST.
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: HANK BLEIER
82 Street Address (P.O. Box Number is Not Acceptable): 2699 STERLING ROAD SUITE C 307
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33312

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: HANK BLEIER [signature] July 6/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	DELETE	1.1 TITLE		Change / Addition
NAME	NADLER, DAVID L		1.2 NAME		
STREET ADDRESS	210 ETON CRESCENT		1.3 STREET ADDRESS		
CITY-ST-ZIP	HAMPSTEAD, QUEBEC, CANADA		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change / Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			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	4.1 TITLE		Change / Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change / Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change / Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

SIGNATURE: [signature] DAVID L NADLER July 6/99 305-865-1228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)