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

CORPORATION : ANNUAL REPORT



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

1996 DOCUMENT #
1. Corporation Name

P95000010777 (7)

WELK REALTY, INC.

Principal Place of Business 10 4 TH St. 10 76.5 S.W. 10 4 TH St.

Mailing Address 10765 S.W. 10474 ST



10761 S.W. 104TH STREET MIAMI FL 33176	_10761	1 STREET		
Disclosed Discount Co.			3. Date Incorporated or Qualified 02/08/1995	3a. Date of Last Report
2. Principal Place of Business 21 /0765 S.W. 10474 ST	2a. Mailing Address	W. 104 CK ST	4. FEI Number 65 -055493	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc	1 FL 33/76	<u> </u>	
City & State	27	·	5. Certificate of Status Desired	\$8.75 Additiona Fee Required
3	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	☑No
9. Name and Address	of Current Registered Agent		10. Name and Address of New Re	egistered Agent
11710/10 01/10 11		81 Name		
LAZARUS, DAVID M		82 Street A	ddress (P.O. Box Number is Not Acceptable	e)
1815 GRIFFIN ROAD SUITE 403		83		
DANIA FL 33004				
1		84 City		85 Zip Code
familiar with, and accept the obligation	The state of the s	orized by the corporation's bites.	poration submits this statement for the purp local of directors. Thereby accept the appo	intment as registered agent. Fan Hpb/96
	CERS AND DIRECTORS	13.	And when reastaing? ADDITIONS/CHANGES TO OFFIC	1 TOATE
TLE PSTD	DELETE	1 'TITLE	ALESTICINE OF ANGLE TO GITTE	Charge Addition
AME LAZARUS, WALLACI	E	1.2 NAME		
TREET ADDRESS 10761 S.W. 104TH \$	STREET	13 STREET ADDRESS		
TY-ST-ZIP MIAMI FL 33176	——————————————————————————————————————	1.4 CHY+SI+ZIP		
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ME		3.2 NAME		FTAv. FT MODITO
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TY-ST-ZIP		3 4 CiTy - S1 - ZiF		
ILE INTE	☐ DELETE	4 1 TIFLE		Change Addition
TREET ADDRESS		4.2 NAME	90000181 -05/07/96010	، وجَدِونِ
TY+ST-ZIP		4.3 STHEET ADDRESS 4.4 CITY+ST-ZiP	***200.00	1 (056
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ME		5.2 NAME		
REET ADDRESS		5.3 STREET ADDRESS		
Y-ST-ZIP		5 4 CITY - ST - 2IP		
lE .	☐ DELETE	6 1 TITLE		Change Addition
ME REE1 ADDRESS		6 2 NAME		
TY-ST-ZIP		6.3 STREET ADDRESS		
I do hereby certify that the information secretify that the information indicated on.		6.4 C(TY - ST - Z)P		

the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: