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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # 1. Corporation Name

P95000017340 (7)

FLORIDA REALTY CONSULTANTS, INC.

Principal Place of Business Mailing Address					I IND IINDEL ISA TANDI DITILI BEKIK DENYE DAYIL BE	HOU DIGHT TO BOOK OFFICE OFFICE ORDER FOR IT
1049 N.W. 3RD STREET HALLANDALE FL 33099		1049 N.W. 3RD STREET HALLANDALE FL 33099				
					3. Date Incorporated or Qualified 3a. D 03/02/1995	Date of Last Report
2. Principal Pia	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21	t of a	26			65-0565781	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country		8. This corporation has liability for intangible	e tax under s 199.032,
24	25 Address of Curre	29	[30]		Florida Statutes Yes No	
	9. Name and Address of Curre	Int Hegistered Agent	81	Mana	10. Name and Address of New Registers	ed Agent
KROHN, MARK			[81]	Name		
	.W. 3RD STREET		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	NDALE FL 33099		83			
in the same	15/4E / E 00005					
			84	City	F	85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the above-na	amed corpo	vation authorita this statement for the surress of	
Or registere	ed agent, or both, in the State of Flor n, and accept the obligations of, Sec	igua. Such change was admo	IDERICATION TO COLOR	ration's boa	and of directors. I hereby accept the appointment	as registered agent. I am
SIGNATURE.	3					
S	Signature, typind or printed hance of registered ago:		[NOTE: Registered Agent :	signature require	ed when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TIFLE	D VDOUM MADY	☐ DELETE	1. 1 TITLE			Change Addition
NAME	KROHN, MARK		1.2 NAME			
STHEFT ADDRESS	1049 N.W. 3RD STREET		1.3 STREET A	.DDRESS		
11'LF	HALLANDALE FL 33099	ET DELETE	14 City - St -	· ZIP		
		☐ DELETE	2 1 THILE			Change Addition
NAME DEDCT AND			2 2 NAME			
STREET ADDRESS			2 3 STREET A			
C TY-ST-ZiP THUE		DELETE	2.4 CITY-S1-	·ZIP		
NAM:			3. 1 TITLE		, .	☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME	· Popene		
CITY - ST - ZIC			3.3 STREET A			
TITLE		DELFTE	3 4 CITY - ST - 4 1 TITLE	· ZII·		Change Addition
NAME		<u></u>	4.2 NAME			Change Addition
STREET ADORESS			4.3 STREET A	nnaree		
CHY-ST-ZIP			4.3 STREET AS 4.4 CITY - ST -			
TILE		DELETE	5 1 TITLE	211		Change Addition
NAM		_	5.2 NAME			
STHEFT ADDRESS			- 53 STREET AL	DORESS		
CITY+SI+ZIP			5.4 CITY-ST-			
10.16		DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME		_	6.2 NAME			C committee C 10000001
STREET ADDRESS			6.3 STREET AL	DORESS		
CHY ST-7:P			6.4 CITY - ST -			
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14. Lido 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 cath; that I am an efficiency of 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. Mark I, Kin L. Hees, SIGNATURE AND TYPE OF PRINTED NAME OF SKINING OFFICER OF DIRECTOR SIGNATURE: /

1/16/96 305 416-6066
Dayling Priore