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

DOCUMENT # P95000050770 (3)

H.O.D. REALTY, INC. Principal Place of Business Mailing Address 380 SOUTH COUNTY ROAD 380 SOUTH COUNTY ROAD PALM BEACH FL 33480 PALM BEACH FL 33480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/29/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0594010 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 30 Personal Property Tax due June 30. 24 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARSHMAN, HOMER H JR 205 WORTH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 201** 83 PALM BEACH FL 33480 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change NAME TREMAN, ALAN 1.2 NAME 222 LAKEVIEW AVE. PH-3 STREET ADDRESS 1.3 STREET ADDRESS W PALM BEACH FL 33401 CITY-ST-ZIP 1,4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE MATHOT, JEAN-CLAUDE NAME 2.2 NAME 11250 ISLE BROOK, P.B. POLO & COUNTRY CLUB 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP W PALM BEACH FL 33414 CITY-ST-ZIP ☐ Addition TITLE DELETE 3.1 TITLE Change LANTING, WILLIAM H 3.2 NAME NAME STREET ADDRESS 110 SEASPRAY AVE. 3.3 STREET ADDRESS PALM BEACH FL 33480 CITY - ST- 2IP 3.4, CITY - ST-ZIP DELETE 4.1 TITLE Change ___ Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE

14. I hereby certify that the information supplied with this filling does not qualify 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 adjuste start from 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 exempt the proof of the Corporation or the receiver or trustee empowered to exempt the proof of the Corporation or the receiver or trustee empowered to exempt the proof of the Corporation or the receiver or trustee empowered to exempt the proof of the Corporation of the Corporation or the receiver of the Corporation of the Corporatio

5.2 NAME

6.1 TITLE

5.2 NAME

DELETE .

5.3 STREET ADDRESS

6.3 STREET ADDRESS 9.4 CITY - 6T - ZIP

5.4 CITY - ST - ZIP

SIGNATURE: ATTREMON TURY

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

19.1.98 561.835980

Change

Addition

FILED

Jan 28 1998 8:00am

Secretary of State

R2E034 (10/97)