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PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P95000063385 (5)**

1. Corporation Name

STTA REALTY CORP.

Principal Place of Business	Mailing Address
18400 W. DIXIE HWY. SUITE #D NO. MIAMI BCH. FL 33160	18400 W. DIXIE HWY. SUITE #D NO. MIAMI BCH. FL 33160-2048

3. Date Incorporated or Qualified	3a. Date of Last Report
08/15/1995	05/02/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	65-0602196	Applied For / Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28		

Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANE, PAUL J 18400 W. DIXIE HWY. SUITE #D NO. MIAMI BCH. FL 33160	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City ____ FL 85 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 reinstating)   DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHIDLOWSKY, HOWARD	1.2 NAME	
STREET ADDRESS	18400 W. DIXIE HWY., #D	1.3 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI BCH. FL 33160	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	

CR2E034 (9/96)

14. I do 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.

Howard Shidlowsky
SIGNATURE   04/14/97   (305)932-8600