SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

EITY-ST-ZIP

DOCUMENT # P9500066207 (8)

FLORIDA INVESTMENT REALTY MANAGEMENT COMPANY, IN C.

Mailing Address Principal Place of Business 12631 WHITE CORAL DRIVE 12631 WHITE CORAL DRIVE WELLINGTON FL 33414 WELLINGTON FL 33414 3a. Date of Last Report 3. Date Incorporated or Qualified 08/25/1995 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Nu<u>m</u>ber Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Ζιρ Country Yes 🔲 No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent A1 Name COLODNY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 12631 WHITE CORAL DRIVE 82 **WELLINGTON FL 33414** 83 84 City Zip Code FL 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 (NOTE: Registered Agent signature required when rematating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE TITLE SUSS, MALCOLM 1.2 NAME CR2E034 NAME 12631 WHITE CORAL DRIVE 1.3 STREET ADDRESS STREET ADDRESS **WELLINGTON FL 33414** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE SUSS. IRENE 2.2 NAME NAME 12631 WHITE CORAL DRIVE 2.3 STREET ADDRESS STREET ADDRESS WELLINGTON FL 33414 2 4 CITY - ST - ZIP CITY - ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-S1-ZIP CITY - ST - ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - ZIP

64 CITY-ST-ZIP

14. I do 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 turther 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 1

5 1 TITLE

6 1 TITLE

6.2 NAME

5 3 STHEET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 2, 1996 25613 291-2652

Change Addition

Change Addition