SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Aug 29 1997 8:00am Secretary of State

DOCUMENT # P9500066207 (8) 1. Corporation Name FLORIDA INVESTMENT REALTY MANAGEMENT COMPANY, IN C.					
Principal Place of Business Mailing Address				(indicati ind unitt Billi Bailt \$619) A	ini abrila brilla birin tilbit übetr 1881 1881
12631 WHITE CORAL DRIVE 12631 WHITE CORAL DRIVE			RIVE	Ì	
WELLINGTON	FL 33414	WELLINGTON FL 33414		DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
}				08/25/1995	08/06/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0614690	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		O Floring Constitution	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	25	29	30	Personal Property Tex due June	I
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
COL	LODNY, MICHAEL		81 Name		
12631 WHITE CORAL DRIVE			82 Street Addr	ess (P.O. Box Number is Not Acceptab	ole)
WELLINGTON FL 33414					
ĺ			83		
1			84 City		85 Zip Code
44 0	the marking of Contract Co.	and CO7 1500 Florida Olah	to the short record one		FL
office or re agent. I ar	o the provisions of Sections 607.0502 ogistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was ions of, Section 607.0505, F	authorized by the corporat lorida Statules.	oration submits this statement for the pion's board of directors. I hereby accept	of the appointment as registered
SIGNATURE	Signature sypod or printed name of registered agent	Also (and the Also	il Contact Administration	and when a contract a second	DAYE
12,	OFFICERS AND		 Hegistered Agent signature requirement 	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SUSS, MALCOLM		1.2 NAME		
STREET ADDRESS	12631 WHITE CORAL DRIVE		1.3 STREET ADDRESS		<u> </u>
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CHY-ST-ZIP		[
TITLE	D	DELETE	21 TIYLE		L Change L Addition C
NAME	SUSS, IRENE		E 2.2 NAME		
STREET ADDRESS	12631 WHITE CORAL DRIVE WELLINGTON FL 33414		2.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON PL 33414	DELETE	2 4 CHY-SI-ZIP		Change Addition
TITLE		L. Detet	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-S1-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 7(TLF		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CI1Y - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	y certify that the information supplied	with this filing does not qual	6.4 CITY-ST-ZIP	in Section 119.07(3)(i), Florida Statute	s. I further certify that the

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is frue 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 an antitachment with an address.