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PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082658 (2)

DELRAY BEACH REALTY GROUP, INC.

Mar 19 1998 8:00am Secretary of State

| Principal Place of Business Mailing Addross | | | | | | I SOURIUM IN HUSEN WHILE BURN | MANIN BONS ABIDS SON | | AQ4 0001 (QD1 |
|---|---|------------------------------------|-----------------------|---|---|---|----------------------|---|----------------|
| 2275 N. (SEINDON AVE | | 2275 N. (SEIN)ON AVE. | | | | | | | |
| DELRAY BEAG | | DELRAY BEACH FL 33444 | | | DO NOT WRITE IN THIS SPACE | | | | |
| US US | | | | | | 3. Date Incorporated or Qualified | | | |
| | | | | | | 10/27/1995 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | A | pplied For |
| 21 2275 | 2275 N. SWINTON AVE 26 2275 N. SWIN | | | STON AVE | | 65-0619419 | | N | lot Applicable |
| | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desir | ed 🗆 | * | Additional |
| 22 | | | | | | 5. Commedia of Glades Desir | | Fee R | tequired |
| City & State | 0 | City & State | | | Election Campaign Finance | | | May Be | |
| 23 | Country Zip Cou | | | nin/ | | Trust Fund Contribution | | | to Fees |
| Zip 24 | 25 | 7ip | Country 30 | | | This corporation owes or Personal Property Tax du | | _ ′ - | No No |
| 24 | 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | | | | |
| EIC | | 81 1 | | | | | | | |
| EICHAS, TERRY R | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 98 SE 6TH AVENUE DELRAY BEACH FL 33483 | | | | 82 5 | Street Addres | SS (P.U. BOX NUMBER IS NOT AC | ceptable) AVE | | |
| " | LAMI DEAGN FL 33463 | | ŀ | 83 | | 70. 00,12.10 | | <u> </u> | |
| | | | | | | | | - - | 6 |
| | | | | 84 - | Dity Sev Ran | r Beach | FL | _ 85 ≠19 | Code 4 |
| 11. Pursuant | to the provisions of Sections 607 0502 | | | estina automita thia statement fo | - the | é abanalaa l | ito conletered | | |
| office or registered agent, or both, in the State of Lorda Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am Jacobian with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | |
| SIGNATURE Rule 12, 98 | | | | | | | | | |
| Stgnature, typed or pystod name of registered agent and late if applicable (NOT: Registered | | | | Agent s | ignature required | | DATE | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO | OFFICERS ANI | | |
| TITLE | DP | ☐ DELETE | 1.1 Tit | | | | | ☐ Change | Addition 3 |
| NAME | EICHAS, TERRY R | | 1.2 NAME | | | | | | - |
| STREET ADORESS | 108 N.W. 16TH STREET | | 1.3 STREET | | | | | | ļį |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | DELETE | | Y-ST-Z | 7IP | <u> </u> | | Change | Addition |
| TITLE | DV | DELETE | 2.1 [1] | | | | | L Criange | L.J ADUILION N |
| NAME | GOODMANSON, DAVID | | 2.2 NA | | | | | | |
| STREET ADDRESS | 2501 S.W. CRANBROOK DR. | | | REET ADI | 1 | | | | 1 |
| CITY - ST - ZIP | BOYNTON BEACH FL 33436 | DELETE | 2 4 CiTY- 31 TITLE | | ZIP | | ··· | Change | Addition |
| NAME | DST MCGLOW DICHARD | _ Deteri | 32 NAME | | | | | - Autura | |
| STREET ADDRESS | MCGLOIN, RICHARD 2275 N. SWINTON AVE. | | 3.3 STREET | | DRESS | | | | j |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | | 3.3 STREET | | | | | | |
| TITLE | DV | DELETE | 4 1 TITLE | | ZIF | | | Change | Addition |
| NAME | WALKER, THOMAS | | 4 2 NAME | | | | | | |
| STREET ADDRESS | 125 N. DIXIE BLVD. | | | reet adi | DAESS | | | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | | | Y-ST-Z | | | | | |
| TITLE | DECIMI DENOTTIE SOTTI | DELETE | 51 TITLE | | **** | | | Change | Addition |
| NAME | | | 5.2 NA | | 1 | | | | į |
| STREET ADDRESS | | | | reet adi | DRESS | | | | |
| CITY-ST-ZIP | | | | Y-ST-Z | | | | | |
| TITLE | | DELETE | 6.1 TIT | ********* | | | | Change | Addition |
| NAME | | | 6.2 NA | ME | 1 | | | | |
| STREET ADDRESS | | | 63516 | REET AD | ORESS | | | | |
| CITY-ST-ZIP | | | 6.4 CIT | Y-\$1-Z | ZIP | | | | |
| | certify that the information supplied wit | n this filing does not qualify for | r the exe | mptio | n stated in S | ection 119.07(3)(i), Florida Stat | utes. I further c | ertify that the | e 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

561-274-6468