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FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000040189 (8)

1. Corporation Name

P & M REALTY, INC.

Principal Place of Business

1425 NE 125 TERRACE  
1140 KANE CONCOURSE FIFTH FLOOR  
N MIAMI FL 33161  
US

Mailing Address

~~C/O HUGHES-SILVERS & GLASSMAN, CPA, P.A.~~  
~~1140 KANE CONCOURSE FIFTH FLOOR~~  
~~BAY HARBOR ISLANDS FL 33154~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 9. Name and Address of Current Registered Agent

SILVERS, ROBERT H

~~6540000~~

~~1140 KANE CONCOURSE FIFTH FLOOR~~

~~BAY HARBOR ISLANDS FL 33154~~

2a. Mailing Address

26 1140 KANE CONCOURSE

Suite, Apt. #, etc.

27 FIFTH FLOOR

City & State

28 BAY HARBOR ISLANDS, FL

Zip

29 33154

Country

30 US

3. Date Incorporated or Qualified

04/30/1996

4. FEI Number

65-0661005

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1140 KANE CONCOURSE

84 FIFTH FLOOR

City

BAY HARBOR ISLANDS

FL

85

Zip Code

33154

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

TITLE D ☐ DELETE

NAME MANNO, PAUL  
STREET ADDRESS C/O 1140 KANE CONCOURSE FIFTH FLOOR  
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE D ☐ DELETE

NAME MANNO, MICHAEL  
STREET ADDRESS C/O 1140 KANE CONCOURSE FIFTH FLOOR  
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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. I am an attorney with an address.

SIGNATURE: X *Paul Manno* PAUL MANNO 4/15/98 305-804-7531

CR2E034 (10/97)