FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS ?

1997

DOCUMENT # P96000040903 (2)

FIRST SOLITHERN BANK REALTY CORP.

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Principal Plac	ce of Business	Mailing Address			00 144 0 0514 00 114 10111 00100 1444 1054
9955 GLADES	S RO.	9955 GLADES RD.			
BOCA RATON	I FL 33434	BOCA RATON FL 33434-392	20		
				3. Date Incorporated or Qualified 05/13/1996	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address		4 FEI Number	Applied For
21		26		LO18190.59	Not Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	77 Y PARKET MA SETTE THE EXCENSION AND SERVICE THE EXCENSION FROM THE CONTRACT OF THE CONTRACT	27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23 . Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	<u> </u>	30	This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032, Yes IP No
24	g. Name and Address of Curre		30	10 Name and Address of New Reg	
FILI	INGS, INC.		81 Name		
	32 NW 16TH ST.			TOT H. SASTOM	
	LAUDERDALE FL 33311		82 Street Add	dress (P.O. Box Number is Not Acceptab	e)
			83		
			Pares	of Southern Bank Ref	
	•		84 City	Rector	FL 85 Zp.Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	s, the above-named cor	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered
Unice or i	registered agent, of that in the state	potions of Cootion 607 0505. Flavi	inionzed by the corpora	ation's board of directors, I hereby accep	t the appointment as registered
agent i a	ani faminai with and a cappi are our	galions pi, section buz usus, rion	ioa Statutes.		, , ,
agent i a SIGNATURE	/EDOMMO	Lew: 640	ioa statutes.		Izolar
SIGNATURE	Signature proper or without any of registered a	gent and title if applicable (NO1E:	Registered Agent signature requ	uired when reinstaling)	SU/A7
SIGNATURE	Signature, y use of inhibit fund of legistered a OFFICERS AI	god and title if applicable (NOTE: ND DIRECTORS	Registered Agent signature requ	/	AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature of operation of logistered a OFFICERS AI	gent and title if applicable (NO1E:	Registered Agent signature required 13.	uired when reinstaling)	SU/A7
SIGNATURE 12. TITLE NAME	Signature of an olympio your of logistard a OFFICERS AI TRINGALI, S. JAMES	god and title if applicable (NOTE: ND DIRECTORS	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	uired when reinstaling)	AND DIRECTORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature of our of history of logistered a OFFICERS AI TRINGALI, S. JAMES 9955 GLADES RD. BOCA RATON FL 33434	gert and trie if applicable (NOTE: ND DIRECTORS DELETE	Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	uired when reinstaling)	ERS AND DIRECTORS IN 12 Change Addition
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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 inclicated 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 peaper or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

SIGNATURE:

STREET ADDRESS

9955 GLADES RD.

BOCA RATON FL 33434

MALO: UN ROBART H SAMOM

561-479-2100

FILED

Feb 07 1997 8:00am

Secretary of State