

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

FILED

Jul 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000054230 (3)

1. Corporation Name
PCD REALTY CORP.

Principal Place of Business
2639 NORTH MONROE STREET
SUITE 143B
TALLAHASSEE FL 32303

Mailing Address
2639 NORTH MONROE STREET
SUITE 143B
TALLAHASSEE FL 32303-4073

2. Principal Place of Business
21 2639 N. Monroe Street
Suite, Apt. #, etc.
22 Suite 143 B
City & State
23 Tallahassee, Florida
Zip Country
24 32303 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

3. Date Incorporated or Qualified 06/26/1996 3a. Date of Last Report
4. FEI Number 06-145-836-8 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

LAUFER, CHAIM
2639 NORTH MONROE STREET
SUITE 143B
TALLAHASSEE FL 32303

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 re-filing)

DATE

12. OFFICERS AND DIRECTORS
TITLE President ☐ DELETE
NAME CHAIM LAUFER
STREET ADDRESS 2639 North Monroe St, STE 143B
CITY-ST-ZIP Tallahassee, Fla. 32303 N/A
TITLE Secretary ☐ DELETE
NAME JUDY LAUFER
STREET ADDRESS 2639 North Monroe Street
CITY-ST-ZIP Tallahassee, Fla. 32303 N/A
STE 143 B
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 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.

SIGNATURE

CR2E034 (9/96)