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Profit Corporation Annual Report



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

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Mar 27 1997 8:00am

Secretary of State

954.428.4585

DIVISION OF CORPORATIONS

1997

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TM REALTY XXIII, INC.

SIGNATURE:

Principal Place of Business Mailing Address 1400 E. NEWPORT CENTER DRIVE 1400 E. NEWPORT CENTER DRIVE **SUITE 209 SUITE 209** DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-7713 3. Date Incorporated or Qualified 3a. Date of Last Report 09/18/1996 2. Principal Place of Business 2a. Ma ling Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. # letc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country $Z \oplus$ 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Narne KAY. JAMES R P.A. 580 VILLAGE BLVD. **B2** Street Address (P.O. Box Number is Not Acceptable) SUITE 160 83 WEST PALM BEACH FL 33409 84 City Zip Code 85 11. Persuant 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Sign three type dion printed name of registered agent and tirk it applicable (NOTE: Registered Agent signature required when re-instating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THUE 1.1 7/11/0 ∏ Change Addition REIBLING, LORENZ NAME **1.2 NAME** 1400 E. NEWPORT CENTER DRIVE STREET ADORESS. 1.3 STREET ADDRESS **DEERFIELD BEACH FL 33442** OHY ST 201 1.4 CITY - ST - ZIP DELETE THE Change Addition 2.1 TITLE REIBLING, GUENTHER NAME 2.2 NAME 1400 E. NEWPORT CENTER DRIVE STREET ADDRESS 2 3 STREET ADDRESS **DEERFIELD BEACH FL 33442** C-11-5"-7P 2 4 CITY - ST - ZIP ☐ DELETE TIRE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS **3 3 STREET ADDRESS** City-St-26 34. CITY-ST-ZIP THEF DELETE Change 4.1 TITLE Addition N4Mł 4 2 NAME STREET ACCRESS 4.3 STREET ADDRESS City S1 70 4.4 CITY-ST-ZIP DELETE THEF 5.1 THILE Change Addition MAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS C TY - \$1 - 2IP 5.4 CITY-ST-ZIP DELETE THE 6.1 TITLE Change Addition NAM: 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS C-15 - 51 - 21P 6.4 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 of 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 charged a state of the receiver with an address.

CER OR DIRECTOR