

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000084047** ✓

1. Corporation Name

**BACKSTREET REALTY CORP., INC.**

Principal Place of Business

**7470 MAHOGANY BEND PL.  
BOCA RATON FL 33434**

Mailing Address

**7470 MAHOGANY BEND PL.  
BOCA RATON FL 33434**

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90012 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/08/1996**

4. FEI Number

**65-0705957**

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 the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

9. Name and Address of Current Registered Agent

**POSNER, MAURICE  
7470 MAHOGANY BEND PL.  
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

**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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **POSNER, MAURICE**  
STREET ADDRESS **7470 MAHOGANY BEND PL.**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE  
NAME **POSNER, FLORENCE**  
STREET ADDRESS **7470 MAHOGANY BEND PL.**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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, or on an attachment with an address.

SIGNATURE:

*Maurice Posner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/8/99**  
Date

**1-561-483-7544**  
Daytime Phone #

CR2E034 (5/99)

0079263

MAURICE POSNER  
7470 MAHOGANY BEND PLACE  
BOCA RATON FLORIDA 33434

590596-90012-2

P96000084047

July 8, 1999

Annual Report Filing  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida  
32302-1500

Florida Division of Corporations

I have enclosed a check for \$150<sup>00</sup> payable to  
the Florida Dept. of State.

On July 6, 1999 I received a 2<sup>nd</sup> notice  
of filing for the 1999 Profit Corp. annual  
report. Prior to this notice, I did not receive  
any other notice regarding this report.

I hope that you will cancel any late  
fees that may have been incurred. Thank  
you.

Very Truly Yours  
Maurice Posner