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FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000010194 (3)

1. Corporation Name

ADVANTAGE ASSOCIATES REALTY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2126
2124 N.E. 123 STREET
SUITE 214-A
NORTH MIAMI FL 33181

Mailing Address

2126
2124 N.E. 123 STREET
SUITE 214-A
NORTH MIAMI FL 33181

2. Principal Place of Business

21 2126 NE 123rd Street
Suite, Apt. #, etc.

22 City & State
23 N. Miami

24 33181

25 DADE

2a. Mailing Address

26 2126 NE 123rd St.
Suite, Apt. #, etc.

27 City & State
28 N. Miami

29 33181

30 DADE

3. Date Incorporated or Qualified

01/31/1997

4. FEI Number

65-0736109

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

9. Name and Address of Current Registered Agent

WYNN, CANDY L
2126 2124 N.E. 123 STREET
SUITE 214-A
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name CANDY L. WYNN
82 Street Address (P.O. Box Number is Not Acceptable)
2126 NE 123rd STREET
83
84 City North Miami FL 85 Zip Code 33181

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

CANDY WYNN - President

2/1/98

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	WYNN, CANDY L	2124 N.E. 123 STREET	NORTH MIAMI FL 33181	<input type="checkbox"/>
STD	LESNAK, ROSE	2124 N.E. 123 STREET	NORTH MIAMI FL 33181	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:

CANDY WYNN

2/1/98

305-895-5911

CH2E034 (10/97)