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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025950

Corporation Name

6232 REALTY CORPORATION

Principal Place of Business

Mailing Address

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90108 039 ***150.00



1209 E. COMMERCIAL BLYD. 1209 FORT-LAUDERDALE FL 33334 FORT		1200-E. COMMERCIAL BLVD FORT-LAUDERDALE FE-00004		DO NOT WRITE IN THIS SPACE		
		,		3. Date Incorporated or Qualifed 03/17/1997		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		olied For
21 623.	2 tembroke Rd.		50520	65-0747723		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & State	emar. Fl	City & State	FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	
Zip	Country	Zip 222//	Country A	8. This corporation owes the current year	· Intangible ☐ Yes	₹\$ No
24 730	9. Name and Address of Current	29 33393 30	10071	Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Current	Registered Agent	81 Name	/ 11: /		
STER	RNBERG, PAUL			Lowrence Maro, E	<u> </u>	
1299	E. COMMERCIAL BLVD.	•	82 Street	Address (P.O. Box Number is Not Acceptable)		
FORT LAUDERDALE FL 33334			83			
	·		94 65.4		85 Zip C	ode.
			84 City		-L 33	330/
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 35000 Florida Statutes.						
agent. I am familiar with, and accept the obligations of 3 100 507.0509. Flurida Statutes						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registery Author signature required when reinstating) DATE						
12.	· OFFICERS AND		/3/	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	TITLE	Dir CZ	Change	☐ Addition
NAME	STERNBERG, PAUL		1.2 NAME	Paul Sternberg		
STREET ADDRESS	1299 E-COMMERCIAL-BLYD		1.3 STREET ADDRESS	6272 Kerubro KE Rd.		
CITY-ST-ZIP	FT LAUDERDALE FL-33394-	•	1.4 CITY-ST-ZIP	Milanar, FL 330	<u> 23</u>	
TITLE		☐ DELETE	2.1 TITLE	Pres. 1x 11 -1	☐ Change	Addition
NAME			2.2 NAME	6)12048 MUTER AVERY		}
STREET ADDRESS			2.3 STREET ADDRESS	6232 Pentroke Rd.	^-^ ···	
CITY ST-ZIP	و در این	المانية المانية المانية	2.4 CITY-ST-ZIP	Mitaker, The Dal	223	
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			}
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change	Addition
TITLE	ı	□ DELETE .	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE			
NAME	·	``	5.2 NAME	-		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		□ DCI CTE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	Addition
TITLE		☐ DELETÉ		·	□ Glange	L.J FACOROLI
NAME			6.2 NAME	1		
STREET ADDRÉSS			6.3 STREET ADDRESS			

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 or arratechment with an address, with all other like empowered.

SIGNATURE

IGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/59 954-801-2718
Destine Phone #

-CR2Fn34 (11/98)