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May 21, 1999 8:00 am
Secretary of State

05-21-1999 90002 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **P97000032690**

1. Corporation Name
BLOCK 16 REALTY, INC.

Principal Place of Business	Mailing Address
222 LAKLEVIEW AVE STE 200 WPB FL 33401 US	POB 4564 WPB FL 33402 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/10/1997

4. FEI Number: 65-0746917 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

O'CONNELL, PHIL D JR
515 N FLAGLER DR, SUITE 1900
WEST PALM BEACH FL 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OCONNELL, JR P D		1.2 NAME		
STREET ADDRESS	515 N FLAGLER DR, 19TH FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	WPB FL 33401		1.4 CITY-ST-ZIP		
TITLE	VPTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEVIN, G		2.2 NAME		
STREET ADDRESS	100 BAY COLONY LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUD FL 33308		2.4 CITY-ST-ZIP		
TITLE	VPSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FAIGEN, G		3.2 NAME		
STREET ADDRESS	222 LAKEVIEW AVE, STE 200		3.3 STREET ADDRESS		
CITY-ST-ZIP	WPB FL 33401		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, F		4.2 NAME		
STREET ADDRESS	12800 US HWY 1		4.3 STREET ADDRESS		
CITY-ST-ZIP	JUNO BCH FL 33408		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JERMAN, R A		5.2 NAME		
STREET ADDRESS	1-11, TOWN BAY DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRONW, JR R T		6.2 NAME		
STREET ADDRESS	513 US HWY 1		6.3 STREET ADDRESS		
CITY-ST-ZIP	NPB FL 33408		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED President 5/19/99 (561) 832-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)