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Apr 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000042123

1. Corporation Name

MIDAS REALTY AND FINANCE INC.

Principal Place of Business			Mailing Address				, , , , , , , , , , , , , , , , , , , ,			
6791 N.W. 21 ST.			6791 N.W. 21 ST.							
SUNRISE FL 33313		SUNRISE FL 33313				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed			
							05/08/1997			
2. Principal P	lace of Business	2a,	Mailing Address				4. FEI Number		Apr	lied For
21		26	3				65-0756029		Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75 A	ditional
22			27				5. Certificate of Status Desired		Fee Red	quired
City & Etate			City & State				6. Election Campaign Financing		\$5.00	May Be
23			28				Trust Fund Contribution		Added to	Fees
Zip	Country		Zip	Count	ry		8. This corporation owes the current y	ear nta		
24	25	29		30			Persor at Property Tax.			□No
	9. Name and Address of Curre	nt Regis	tered Agent				10. Name and Address of New Regis	stere d /	Agent	
Dem	NODELL DENIVED			8	1	Name				İ
PETTIGREW, DENVER				8	2	Street Ac d	fress (P.O. Box Number is Not Acceptable)			
6791 N.W. 21 ST.										
20M	RISE FL 33313			8	3					
				8	4	City			85 Zip C	ode
			_		1			<u>_FL</u>		
office crr	egistered agent, or bo:h, in the State m familiar with, and accept the obliga	of Florid ations of,	a. Such change was Section 607.0505, F	authorized b lorida Statute	y t es.	the corporat	poration submits this statement for the purplion's board of directors. I hereby accept the	appoir	itment as reg	j stered
	Signature, typed or printed na ne of registered age			13.	ent	. signature requir	ADDITIONS/CHANGES TO OFFICE		D DIRECTO	F'S IN 12
12.	OFFICERS AI	ML) DIRE	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFICE	1107111	Change	Addition
TITLE	D Pettigrew, Denver		O OLEELIC	1.2 NAME						_
NAME	6791 N.W. 21 ST.					ADDRESS				
STREET ADDRE 3S	SUNRISE FL 33313									
CITY-ST-ZIP	SUNNISE FL 33313		□ DELETE	1.4 CITY- 2 1 TITLE		-2112			Change	Addition
TITLE			_ Detere	2.2 NAME		Ì			_ ,	_
NAME						ADDRESS				
STREET ADDRE 3S										
CITY-ST-ZIP			☐ DELETE	2. 4 CITY 3 1 TITLE		1-ZIP			[] Change	Addition
TITLE				3 2 NAME					_ ,	_
NAME						ADDRESS				
STREET ADDRE 3S				3.4 CITY		į				ļ
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITLE	_	1-ZIF			☐ Change	Addition
NAME				4. 2 NAM						
						ADDRESS				l
STREET ADDRESS				4.4 CITY-		i i				
TITLE			☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME			_ :::=:=	5.2 NAME						
STREET ADDRESS				5.3 STRE	EΤ	ADDRESS				}
CITY-ST-ZIP				5.4 CITY-						i
TITLE			☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME				62 NAM	Ē	}				}
STREET ADDRESS				6.3 STRE	EΤ	ADDRESS				

14. Thereby 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 cortify 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.

6.4 CITY-ST-ZIP

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR