PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 01, 1999 8:00 am Secretary of State

05-01-1999 90014 047 ***150.00

DOCUMENT # P97000072277					
1, Corporation	Iname	· · · · · · · · · · · · · · · · · · ·			
DEFH	EACH REALTY, INC.			1 : BB11061 116 : 6111 : 6611 6611 6612 GB111 561	. 18618 (1815 (1811 1881) 1881 1881
			tadan gajaraan gugbagu rubu wax "a		
Principal Place	of Rucinoce	Mailing Address	<u> </u>	— Į (če nk en (il ilki) ioski oskii doki sakii ooki	i india ilain ilain ilain ilan ina
· ·	· • •	2117 N.W. 19TH WAY			
2117 N.W. 19TH BOCA RATON F		BOCA RATON FL 33431			
				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed	
		A 84-91		08/20/1997 4. FEI Number	Applied For
<u> </u>	ace of Business	2a. Mailing Address		64 64-0779715	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		_	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year It	ntangible
24	. [25]	29 3	0	Personal Property Tax.	☐Yes ÆNo
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	ı Agent
OHREN, NATHAN					
2117 N.W. 19TH WAY			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	:
BOCA RATON FL 33431			83		
					10-1 7:- 0-4-
			84 City	FI	
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 as authorized by the corporation's board of directors. I hereby accept the appointment as registered					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE		,		·	·
CICIONIC	Signature, typed or printed name of registered agent		egistered Agent signature required		ND DIDECTORS IN 12
<u> </u>	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	OUDEN NUMBE	C) DEEL 1E	1.2 NAME]
NAME ,	OHREN, JULIUS 2117 N.W. 19TH WAY		1.3 STREET ADDRESS	•	
STREET ADDRESS	BOCA RATON FL 33431		1.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREENE, JOHN		2.2 NAME	·	
STREET ADDRESS	2117 N.W. 19TH WAY		2.3 STREET ADDRESS	· .	
CITY-ST-ZIP	BOCA RATON FL 33431	<u>_</u>	2. 4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE	and the second of the second o	Change Addition
NAME	OHREN, NATHAN		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Tourne Durante
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE NAME		Lu seccie	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u></u>	
TITLE		☐ DELETE	6.1 TΠLE		Change Addition
NAME	•		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	•	

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 of 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 open attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE