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 # P97000075230

FIRST NORTHWOOD REALTY, INC.

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FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90083 023 ***150.00



	of Business	Mailing Address /			t fentingt tim imitt immit antet autit antet antet antet antet an			
•								
9045 LA FONTA BOCA RATON F		7253 NW 64TH TERRACE PARKLAND FL 33067						
DUCA BATON I	-L 33434	PARKERING TE SOUT			DO NOT WRITE IN THIS :	SPACE		_
		,			3. Date Incorporated or Qualifed	·		Ì
					08/28/1997			
2. Principal Pl	ace of Business	2a, Mailing Address			4 FEI Number	A	oplied For	1
21		26 6135 NW 4	45 **	TERRAL	E 65-0779209	N	ot Applicable	1
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_	\$8.75	Additional]
22	•	27			5. Certifcate of Status Desired	Fee R	equired	<u>.</u>
City, & State		City & State			6. Election Campaign Financing	\$5.00	May Be	-
23		28 COCONET CR	EEK	, FL	Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Inta	ingible		
24	25	29 33073 30]		Personal Property Tax.	☐ Yes	E/No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered A	Agent		1
			81	Name				
URALLI, EMRE			82 Street Addre		ess (P.O. Box Number is Not Acceptable)			1
7253 N.W. 64TH TERRACE			02	Stieer Addi	ess (F.C. Dox Humber is Not / looplable)			
PARI	KLAND FL 33067		83					
				0::		os Zio	Çode	┨
			84	City	FL	85 Zip	Code	
44 Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes.	the above	e-named corp	oration submits this statement for the nurnose of o	hanging its	registered	1
office or ri	egistered agent, or both, in the State	of Florida. Such change was autho	onzed by	the corporation	on's board of directors. I hereby accept the appoin	tment as re	gistered	
agent. I a	m familiar with and accept the obliga	TO ULAUT	i Siaiules.	•	14/10/99			
SIGNATURE	Signature, typed or printed name of registered age		nistered Agen	t signature required	d when reinstating) DATE			ء ا
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO	ORS IN 12	(11/98)
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition] =
NAME	• =		1.2 NAME	İ				4
	INGLIE ENKE							
STREET ANDRESS	URALLI, EMRE		1.3 STREET	ADDRESS				\ \c
STREET ADDRESS	7253 NW 64TH TERRACE	ı	1.3 STREET	Į.				32FO
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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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

04/10/94

561-702-7355

Daytime Phone #