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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000080030 (4)

SOUTH FLORIDA REALTY MANAGEMENT CORP.

APPROVED AND FILED

98 MAY 22 PM 1: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA



								IIII III III
Principal Place of Business Mailing Address						1 10011001 110 10111 10911 09111 60111 00111 0011	## ## 	IIIII iii ii i ii i
951 SOUTHWEST 82 AVENUE POST OFFICE BOX 8251								
NORTH LAUDERDALE FL 33068 CORAL SPRINGS FL				3075		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	7011102	···-
						09/16/1997		
2. Principal	Place of Business	2a. Mailing Addr	ess			4. FEI Number	A;	oplied For
21		26				65-1710745	No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc			5. Certificate of Status Desired Security Securi		
City & Sta	ate	City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
23	1	[28]				Trust Fund Contribution		to Fees
Σφ /	Country	Zip	├ ─┐	ountr	Y	8. This corporation owes or has paid the c		
24 /	25 9. Name and Address of Cu	[29]	30	- _T		Personal Property Tax due June 30. 10. Name and Address of New Registered		_ No
		Tone regional regions		81	Name	IO. Humb and Address of New Hegisterer	1 Agent	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134								
				82	Street Add	eet Address (P.O. Box Number is Not Acceptable)		
•	DOINE CADELOTE GOTOT			83		-05/27/98	กากกัว	010
						****150,00		<u>Sa na </u>
				84	City	Fi	85 Zip*	Code and
SIGNATURE	am familiar with, and accept the o	dagestaen file it ang teable	(NOTE: Register	red Ag		prod when reinstaling) DATE		
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PSTD	□ DE	1	mtt			L Change	Addition
NAME	NARDONE, THOMAS R 951 SOUTHWEST 82 AV	PER II II		NAME.				
STREET ADDRESS	NORTH LAUDERDALE FI				ADDRESS			
TITLE	TOTAL DAODENDALE I			CATY-S TITLE	SI-ZIP		Change	Addition
NAME				NAME			C ourtho	LI Modified
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP					ST-ZiP	• • • • • • • • • • • • • • • • • • • •		
TITLE		DE	LETE 3.1	TITLE			Change	Addition
NAME			3.2	NAME				
STREET ADDRESS			3.3	STREET	ADDRESS			
CITY-ST-ZIP		П аа			S1-7IP			
TITLE		L_I D€I	1	TITLE			L Change	Addition
NAME PERFECT APPRISES				NAME	1000000			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE	 	DE		CITY-S Title	or - ZIF		Change	Addition
NAME				NAME			Unungo	المستود ب
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S				
TITLE		DEC		TITLE	-		Change	Addition
NAME				NAME		_		•
STREET ADDRESS					ADDRESS	Ph 2/25	148	
CITY-ST-ZIP				CITY-S		12/1-2/2	•	

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 certify that the information indicated on this annual report or supplemental formed report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the reporter or trusted empowered to execute this festion as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or each attachment with an address.

Block 12 of block 10 in Changett block and an activitient with an activities.

5-19 98

954-2211-0016