

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 29 1998 8:00am
Secretary of State

DOCUMENT # P97000093012 (7)

1. Corporation Name
STREICHER REALTY, INC.

Principal Place of Business
2720 NW 55 CT.
FT. LAUDERDALE FL 33309

Mailing Address
2720 NW 55 CT.
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/28/1997

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	66-0797838		Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GOLDEN, SCOTT
644 S.E. 4TH AVE.
FT. LAUDERDALE FL 33301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/AS
NAME	GOLDEN, E. SCOTT	1.2 NAME	
STREET ADDRESS	644 SE 4TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MURPHY, JOSEPH M	2.2 NAME	
STREET ADDRESS	900 N. FEDERAL HWY., SUITE 480	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	O'NEIL, JOHN H JR.	3.2 NAME	
STREET ADDRESS	601 BRICKELL KEY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	REAMES, L. PHILLIPS	4.2 NAME	
STREET ADDRESS	3340 PEACHTREE RD., SUITE 450	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D/P/S
NAME	STREICHER, STANLEY H	5.2 NAME	
STREET ADDRESS	2720 NW 55TH CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	VOID
NAME		6.2 NAME	WALTER B. BARRETT
STREET ADDRESS		6.3 STREET ADDRESS	2720 NW 66th Court
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33309

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.

SIGNATURE:

WALTER B. BARRETT 1/19/98 (954) 739-3880

CR2E034 (10/97)