

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90102 049 \*\*\*150.00

DOCUMENT # P97000093012

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

4. FEI Number  
65-0797838

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 644 S.E. 4 Avenue

27 Suite, Apt. #, etc.

28 Fort Lauderdale, FL

29 33301 30 USA

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE DAS  
NAME GOLDEN, E. SCOTT  
STREET ADDRESS 644 SE 4TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE D  
NAME MURPHY, JOSEPH M  
STREET ADDRESS 900 N. FEDERAL HWY., SUITE 480  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D  
NAME O'NEIL, JOHN H JR.  
STREET ADDRESS 601 BRICKELL KEY DR.  
CITY-ST-ZIP MIAMI FL 33131

TITLE VT  
NAME BARRETT, WALTER B  
STREET ADDRESS 2720 NW 55TH CT  
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE DPS  
NAME STREICHER, STANLEY H  
STREET ADDRESS 2720 NW 55TH CT.  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)