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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90076 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000026936**

1. Corporation Name

IT'S A DEAL REALTY, INC.

Principal Place of Business

Mailing Address

**4651 S.W. 51 STREET
STE. 806
DAVIE, FL 33314**

**4651 S.W. 51 STREET
SUITE 806
DAVIE, FL 33314**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1998

4. FEI Number

65-0836561

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 300 N.W. 82 Avenue

26 300 N.W. 82 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 110

27 110

City & State

City & State

23 Plantation, FL

28 Plantation, FL

24 33324 25 U.S.A.

29 33324 30 U.S.A.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENE, RICHARD P
2455 EAST SUNRISE BLVD. STE. 905
FT. LAUDERDALE FL 33304**

81 Name

Mark Dearman

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

300 N.W. 82 Avenue, Suite 110

83

84 City

Plantation

FL

85 Zip Code

33324

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 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)

3/3/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D DEARMAN, MARK**
STREET ADDRESS **4651 S.W. 51 Street, Suite 806**
CITY-ST-ZIP **DAVIE, FL 33314**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D/V/S MARK DEARMAN**
1.3 STREET ADDRESS **300 N.W. 82 AVENUE, SUITE 110**
1.4 CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D/P/T STEVEN GERSON**
2.3 STREET ADDRESS **300 N.W. 82 AVENUE, SUITE 110**
2.4 CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 is a true and accurate 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 a 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Dearman

3/3/99

(954) 915-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #