

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
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90002 001 ***300.00

DOCUMENT # P98000027336

1. Corporation Name

SOUTH REALTY MANAGEMENT, INC.



Principal Place of Business

815 ORIENTA AVE
ALTAMONTE SPRINGS FL 32701

Mailing Address

815 ORIENTA AVE
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

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

21 915 SEMORAN BLVD

Suite, Apt. #, etc.

22

City & State

23 CASSELBERRY FL

Zip

24 32707

Country

25

2a. Mailing Address

26 915 SEMORAN BLVD

Suite, Apt. #, etc.

27

City & State

28 CASSELBERRY FL

Zip

29 32707

Country

30

9. Name and Address of Current Registered Agent

BUILDER, J. LINDSAY JR
369 N NEW YORK AVE
3RD FLOOR
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name ZUBAIR S. MANSORI

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

83

84 City CASSELBERRY

FL

85 Zip Code

32707

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

Zubair S. Mansori

ZUBAIR S. MANSORI

1-20-99

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 D ☐ DELETE

NAME BEAS, THOMAS R
STREET ADDRESS 206 MAIN STREET
CITY-STATE-ZIP JOHNSTOWN PA 15901

TITLE D ☐ DELETE

NAME MANSORI, ZUBAIR S
STREET ADDRESS 815 ORIENTA AVE
CITY-STATE-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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:

Zubair S. Mansori

ZUBAIR S. MANSORI - 20-99 (407) 331-3122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)