PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000039328

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90131 031 ***150.00

	ON REAL ESTATE INC.						
Principal Plac	e of Business	Mailing Address			i sattifett ing inner inni faut esur etti etti e	i dræd titil tæræs rinn	1 140-21 4041 4001
1290 NW 15TH STREET 1290 NW 15TH STREET					\		
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069					DO NOT WRITE IN 1	HIS SPACE	
}					3. Date Incorporated or Qualifed	THIS GFACE	
					04/30/1998		1
2. Principal P	lace of Business	2a. Mailing Address			FEI Number	I A	oplied For
21		26			165-04-2013-5	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	5. Certificate of Status Desired		Additional
22		27			3. 33/4/2010 (1 3/2)		berlups
- City & Stat	والمستقل المتحاليات والأسالات والمسالات	City & State			6.= Election Campaign Financing		·May Bo
23	Countri	28	Cour		Trust Fund Contribution		to Fees
Zip	Country 25	<u> </u>	30	iu y	 This corporation owes the current year Personal Property Tax. 	rimangible ∐Yes (DENO
24	g. Name and Address of Current	_ 	30		10. Name and Address of New Registe		\$\frac{1}{2}\frac{1}{
				81 Name			
	es, daniel e		- }	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	EAST ATLANTIC BLVD., STE. B		1	Street Add	reas (F.O. Gov. Hallings in Technology		
PON	IPANO BEACH FL 33080		F	83			1
			ŀ	84 City	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-named corp	poration submits this statement for the ournes	a of changing its	registered
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 807.0505, Flor ons of, Section 807.0505, Flor	ithorized ida Statu	by the corporations.	on's board of directors. I hereby accept the a	ppointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if annimation (MOTE)	Registered #	gent signature require	d when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		DRS IN 12 Addition
TITLE	D	☐ DELETE	1.1 III	Æ			
NAME	ANDERSON, UNO		12 NA	Æ		Change	Addition
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	1200 MIT IOIN ONCE			EET ADORESS		U. Change	Addition
CITY-ST-ZIP	POMPANO BEACH FL 33069		1.3 STR	EET ADORESS Y-ST-ZIP	·		
CTTY-ST-ZIP		☐ DELETE	1.3 STR	Y-ST-ZIP	. •	Change	Addition Addition
		☐ DELETE	1.3 STR	Y-ST-ZIP E	•		
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THLE NAME STREET ADDRESS CHY-SY-ZIP			1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	Y-ST-ZIP E AE EET ADORESS Y-ST-ZIP	•	Change	Addition C
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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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

9.54-974-8814 Baylina Phone #