

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000056304

1. Corporation Name
TED MAYER REALTY INC.

FILED

99 NOV 19 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9/7/99 90011 050 \$550.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business 39 NE 23RD AVENUE POMPANO BEACH FL 33062		Mailing Address 39 NE 23RD AVENUE POMPANO BEACH FL 33062	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt #, etc.		26. Suite, Apt #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
9. Name and Address of Current Registered Agent MAYER, TED 915 JASMINE DRIVE DELRAY BEACH FL 33483		10. Name and Address of New Registered Agent 81. Name TED MAYER 82. Street Address (P.O. Box Number is Not Acceptable) 39 NE 23RD AVE 83. City Pompano Beach, FL 33062 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 MAYER, TED 11/16/99		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME TED MAYER 2. STREET ADDRESS 39 NE 23RD AVE 3. CITY-STATE-ZIP Pompano Beach, FL 33062		1.1 TITLE Tracy Mayer, VP 1.2 NAME Tracy Mayer, VP 1.3 STREET ADDRESS 3467 Grandview Blvd. 1.4 CITY-STATE-ZIP Los Angeles CA 90006	
2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
3. NAME 4. STREET ADDRESS 5. CITY-STATE-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
4. NAME 5. STREET ADDRESS 6. CITY-STATE-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
5. NAME 6. STREET ADDRESS 7. CITY-STATE-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
6. NAME 7. STREET ADDRESS 8. CITY-STATE-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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.

SIGNATURE: Ted Mayer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/99 954 785 4444