PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90150 002 ***150.00

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1999 DIVISION OF CORPORATIONS						03-10-13		21		
1. Corporation	MENT # Name REALTY, INC	P98000	060105			1 - S. A.S.				
10200	DEALIT, INC	?•			•	1 HADAHARI MIN INTERNA 10 MIN ORBAL 1201	1			
			A 10: A J J							
Principal Place			Malling Address			ì				
7708 NE 34TH Ft. Lauderdai			2708 NE 34TH ST. FT. LAUDERDALE FL 33306			DO NOT WRIT	E IN THIS SPACE	:		
}						3. Date Incorporated or Qualifed	2 114 77110 01 710-	·		l
1						07/06/1998				
2. Principal P	lace of Business	1000	2a. Mailing Address			4. FEI Number 65-0855404	<u> </u> _	Applie		1
21 105-107-109 E. SUNRISE BLUD.			Suite, Apt. #, etc.			63-6633 10 1	\$8.	75 Addi	pplicable itlonal	ĺ
Suite, Apt.	#, etc.		27 Suite, Apr. #, etc.	-		5. Certificate of Status Desired		e Requir		
City & State	8		City & State			6. Election Campaign Financing		.00 ма		
	UDERDAUE		28	Count		Trust Fund Contribution		ded to Fo	ees	l
Zip 24 333		Country USA	Zip [3	Counti	y	This corporation owes the curre Personal Property Tax.	rntyear manglose ⊟Yes		No]
24 32		Address of Current	<u> </u>			10. Name and Address of New R	egistered Agent			Į
				8	1 Name					ĺ
	IGAN, PHILIP J	HUM CTE 1000		8.	2 Street Add	fress (P.O. Box Number is Not Accepta	ble)			
200 E. LAS OLAS BLVD., STE. 1800 FT. LAUDERDALE FL 33301				ا	83				l	
	2100CHD/ICE 1	2 00001		L	<u> </u>	4.340	74-1	7/- 0-4		
				8		•	FI I I	Zip Code		
11. Pursuant	to the provisions	of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve-named corp	poration submits this statement for the point's board of directors. I heraby accept	ourpose of changin	g its reg s registe	istered ered	ĺ
office or n	egistered agent, c m familiar with, ar	or both, in the State of	I FIORIDA, SUCH CHANGE WAS BU	U1011200 D	A ma norboren	total sound of directors. I have by decep-				
		id poople in a coulder	ions of, Section 607.0505, Fion	da Statute	5 .					l
SIGNATURE							DATE		i	ي ا
SIGNATURE		ted name of registered agent	and title if applicable. [NOTE: I	Registered Ag		ed when reinstating)	DATE			/QR)
1			and title if applicable. [NOTE: I		ent signature require		DATE	CTORS		(44/0R)
SIGNATURE	Signature, typed or print	ted name of registered agent OFFICERS AND	and title if applicable. (NOTE: I	Registered Ag	ent signature require	ed when reinstating)	DATE	CTORS	— IN 12	124 (44/QB)
SIGNATURE 12.	Signature, typed or print D COZZOLI, JOI	OFFICERS AND	and title if applicable. (NOTE: I	13. 1.1 TITLE	ent signature require	ed when reinstating)	DATE	CTORS	— IN 12	DE024 (44/08)
SIGNATURE 12. TITLE NAME	D COZZOLI, JOI 2708 NE 34TI	OFFICERS AND	and title if applicable. (NOTE: I) O DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CTY-	ent signature require ET ADDRESS ST-ZIP	ed when reinstating)	DATE FICERS AND DIRE	CTORS	IN 12 Addition	CENTERNA (44/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS	D COZZOLI, JOI 2708 NE 34TI	OFFICERS AND HIN J + ST.	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE	ent signature require	ed when reinstating)	DATE	CTORS	— IN 12	COSCOS (44/08)
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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 trustae 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

SIGNATURE AND YPPED OR PRINTED HAVE AS BIONING OFFICER OR DIRECTOR