## 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

## DOCUMENT # P98000081632

1. Corporation Name

FINKELSTEIN REALTY, INC.

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90138 038 \*\*\*150.00



Principal Place of Business Mailing Address		Mailing Address	<del></del>		( <b>30</b>   ( <b>0)</b>    (10   10  0  (10 )  (10 )	. 40111 23111 20101 101	B1 11819 B1189 1	14110 4121 1001
1900 NORTHWEST 21ST AVENUE FT LAUDERDALE FL 33311		1900 NORTHWEST 21ST AVENUE FT LAUDERDALE FL 33311						
		( ) CHOOLINALE TE WOTT			DO NOT WRITE IN THIS SPACE			
				3	. Date Incorporated or Qualif	ed		
		D. M. Sin Address		- 4	09/21/1998		Ann	olied For
— ·	lace of Business	2a. Mailing Address		*	65-086424	60	_ <del>  ''</del>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A	
22		27		5	. Certifcate of Status Desired		Fee Rec	quired
City & State	e	City & State		6	. Election Campaign Financir	ng 🗆	\$5.00 N	
23		28	Country		Trust Fund Contribution		Added to	rees
Zip	Country	Zip 29 3	30	8	<ol> <li>This corporation owes the of Personal Property Tax.</li> </ol>			5Je/fo
24	9. Name and Address of Curre			10	). Name and Address of Ne	w Registered A		
			81 Nan	ne FRE	DDIG FINKEL	١ ع		
	RILAWYER		82 Stre	et Address (	P.O. Box Number is Not Acce		.,,,	
	ALMERIA AVENUE			ししてま	MAINTAGE	CIRCLE		
COR	AL GABLES FL 33134		83		•			
			84 City	FT	LANDERACE	FL	85 Zip C	ode と
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-nam	ed corporation	on submits this statement for t	he purpose of cl	nanging its r	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obligi	e of Florida. Such change was aut	thorized by the co	orporation's t	ooard of directors. I nereby ac	cept the appoint	meni as reg	Istelen
SIGNATURE	Tuellie tral	202			- //	to R 20	1999	ſ
		CLARA CONTRACTOR CONTR			ν	UJ.		i
			Registered Agent signat	are required when		DATE	BIDECTO	DC (N. 42
12.	OFFICERS A	ND DIRECTORS	13.	ure required when	reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND		
12.	OFFICERS A		13. 11 TITLE	are required when		DATE OFFICERS AND	DIRECTOR  Change	RS IN 12
12. TITLE NAME	OFFICERS AI PSTD FINKELSTEIN, FREDDIE	ND DIRECTORS	13. 11 TITLE 1.2 NAME			DATE OFFICERS AND		
12. TITLE NAME STREET ADDRESS	OFFICERS AI PSTD FINKELSTEIN, FREDDIE 1900 NORTHWEST 21ST AVE	ND DIRECTORS	13. 11 TITLE			DATE OFFICERS AND		
12. TITLE NAME	OFFICERS AI PSTD FINKELSTEIN, FREDDIE	ND DIRECTORS	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRE			DATE OFFICERS AND		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI PSTD FINKELSTEIN, FREDDIE 1900 NORTHWEST 21ST AVE	ND DIRECTORS  DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRE 1.4 CITY-ST-ZIP			DATE OFFICERS AND	☐ Change	☐ Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR