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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saudra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

S39359

(2)

DOCUMENT # 1. Corporation Name

COMPLETE REALTY INC.

Address	

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Principal Place of Business Mailing Address										
7110 N. UNIVERSITY DRIVE SUITE 103 TAMARAC FL 33421 US			7110 N. UNIVERSITY DR. SUITE 103 TAMARAC FL 33321							
		US				3. Date Incorporated or Qualified 3 03/19/1991		3a. Date of Last Report 05/01/1995		
2. Principal Pla	ice of Business		2a. Mailing Addre				4. f El Number	1		Applied For
		Universit	ty 26 7110 !	N. Univ	versity	Dr.	65-0258398			Not Applicable
Suite, Apt. #			Suite, Apt #,				5. Certificate of Status Desired			Additional Required
City & State			Crty & State				6. Election Campaign Financin	9	\$5.0	O May Be
Tama	rac, FL	33321	28 Tamar	ac, FL			Trust Fund Contribution		Adde	d to Fees
Z ip		Country	Zip	L	Country		8. This corporation has liability	for intangible	tax under s	199.032,
333		USA	29 3332	1 30	USA	L.		Yes 🖺 No		
	9, Name and	Address of Curre	nt Registered Agent				10. Name and Address of Ne	w Registere	a Agent	
					Pa	acit	ti, Paul			
PACITTI		_			82 Street	Address	TP.O. BOX NUMBER IS NOT ALCO	ptable)		
	UNIVERSITY D	iR.			71	LT0	N. University	Dr.		
TAMAR/	AC FL 33321				83					
					84 City				85 Zi	p Code
					1 7	'ama	rac	F	L 3	3321
11. Pursuant t	o the provisions o	of Sections 607.050	2 and 607.1508, Florid	a Statutes, the	above named co	orporatio	n submits this statement for the	e purpose of c	changing its r	registered office Lariest Lanu
or register familiar wit	ed agent, ar both h, and accept the	, in the State of From e obligations of, Sec	ti <u>ori</u> 607.0505, Florida i	Statutes.	me corporation s	10.70 CFC	fidirectors. Thereby accept the			
		1						41	17/01	,
SIGNATURE								, , ,	///	_
SIGNATURE _	ftal.	ed name of registers is ager	Last the fapperator	(trife Bogs	dered Agout squature is	orphics (w)		dvi	1/ 19	/
	ffst.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS A	***************************************	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furner 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if if night or on an attachment with an address.

SIGNATURE:

MATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 (954)722-5511

CR2E034 (12/95)