FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

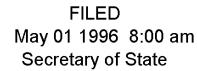
1. Corporation Name

S64491

(1)

FIRST INVESTORS REAL ESTATE, INC.

MIOT MYEOTOTIO HERE ESTATE, II





Principal Place of Business Mailing Address									٠
8400 N. UNIV Tamarac Fl		8400 N. UNIVERSITY DI Tamarac Fl 33321	8400 N. UNIVERSITY DR. Tamarac Fl. 33321						
						3. Date Incorporated or Qualified 07/08/1991	3a, [Date of Last I 05/01/19	
2. Principal Pla	nce of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0271423			Not Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zıp	Country 25	Zip	Coun	try		8. This corporation has liability for in Florida Statutes Yes			s 199.032,
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New R	egister	ed Agent	
			1	31	Name				
MOYER,	SHIRLEY		1	32 Street Address (ess (P.O. Box Number is Not Acceptab	le)		
	UNIVERSITY DR. AC FL 33321	1	1	33					
			l	34	City			B5 2	Zip Code
		30 1000 EL LL OLLA				ation submits this statement for the pur		ebaccine ite	registered office
SIGNATURE	Signature, typed or printed name of registered ag					ation submits this statement for the put d of directors. I hereby accept the app Juven renstating: ADDITIONS/CHANGES TO OFF	DA1	t	
12.	D OFFICERS F	DELETE	1.1111	E	T	ADDITIONS OF INVOLUTION	021107	Change	
TITLE	MOYER, SHIRLEY	occur	1.2 NAM						_
NAME	8400 N. UNIVERSITY DR.				ADDRESS				
STREET ADDRESS	TAMARAC FL		1.4 CIT						
C/TY+ST-ZIP TITLE	Transcribe 1 E	☐ DELETE	2. 1 TIT		- 211	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Change	Addition
NAME		_	2.2 NAM						
STREET ADDRESS	•				ADDRESS				
CITY-ST-ZIP			2.4 CIT		1				
TITLE		☐ DELETE	3. 1 11					☐ Change	Addition
NAME		 -	3.2 NAM	ΛE					
STREET ADDRESS			3.3. ST	REET A	ADDRESS				
CITY - ST- ZIP			3.4 CIT	Y - ST	- 7IP				
TITLE		☐ DELETE	4. 1 TH	LE				Change	Addition
NAME			4.2 NA	Æ.					
STREET ADDRESS			4.3 STR	EET A	ADDRESS				
CITY-ST-ZIF			4.4 CIT	Y-ST	- 7IP				F-9 2 110
TITLE		☐ DELETE	5 1 TIT	LE				Change	e 🔲 Addition
NAME			5.2 NAI	ИE					*
STREET ADDRESS			53 STR	EET A	ADDRESS				
CITY-ST-ZIP			5.4 Cit	Y-ST	- ZIP				
TITLE		☐ DELETE ,	6 1 1)1	LF				Change	e 🔲 Addition
NAME			62 NAI	ΜE					
STREET ADDRESS			63 STF	EET A	ADDRESS				
CITY-S1-7IP			6.4 CI1	Y- \$T	1-ZIP				

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 further certify that the information indicated on this armual 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 truetee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SGNING OFFICER OR DIRECTOR

) Lus (44) 720 9803