

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortonham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY 11 AM 8:01

**DOCUMENT # S74514 (8)**

1. Corporation Name

**HONEY HILL REALTY, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**2601 S BAYSHORE DRIVE  
16TH FLOOR  
MIAMI FL 33133**

Mailing Address

**2500 E HALLANDALE BCH. BLVD  
#500  
HALLANDAE FL 33009  
US**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                  |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>08/16/1991</b>                                                                                           | 3a. Date of Last Report<br><b>05/01/1994</b> |
| 4. FTT Number<br><b>65-0277007</b>                                                                                                               | Applied Fee<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This Corporation has liability for intangible tax under S. 199.03, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                |                         |
|--------------------------------|-------------------------|
| 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. Country             |
| 24. Country                    | 29. Zip                 |
| 25. Country                    | 30. Zip                 |

9. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R  
2601 S BAYSHORE DRIVE  
16TH FLOOR  
MIAMI FL 33133**

10. Name and Address of New Registered Agent

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83. City                                               |              |
| 84. State                                              |              |

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 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if corporation is not a corporation)

Signature of New Registered Agent (if corporation is not a corporation)

Signature

| 12. OFFICERS AND DIRECTORS                                             |                                                                        | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12                 |                                                                   |
|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1. NAME<br><b>D GURLAND, BARRY</b>                                     | 1. NAME<br><b>D GURLAND, BARRY</b>                                     | 1. NAME<br><b>D GURLAND, BARRY</b>                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS<br><b>2500 E HALLANDALE BCH BD<br/>HALLANDALE FL</b> | 2. STREET ADDRESS<br><b>2500 E HALLANDALE BCH BD<br/>HALLANDALE FL</b> | 2. STREET ADDRESS<br><b>2500 E HALLANDALE BCH BD<br/>HALLANDALE FL</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. CITY<br><b>MIAMI</b>                                                | 3. CITY<br><b>MIAMI</b>                                                | 3. CITY<br><b>MIAMI</b>                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. STATE<br><b>FL</b>                                                  | 4. STATE<br><b>FL</b>                                                  | 4. STATE<br><b>FL</b>                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. ZIP<br><b>33133</b>                                                 | 5. ZIP<br><b>33133</b>                                                 | 5. ZIP<br><b>33133</b>                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME<br><b>D GURLAND, BARRY</b>                                     | 6. NAME<br><b>D GURLAND, BARRY</b>                                     | 6. NAME<br><b>D GURLAND, BARRY</b>                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. STREET ADDRESS<br><b>2500 E HALLANDALE BCH BD<br/>HALLANDALE FL</b> | 7. STREET ADDRESS<br><b>2500 E HALLANDALE BCH BD<br/>HALLANDALE FL</b> | 7. STREET ADDRESS<br><b>2500 E HALLANDALE BCH BD<br/>HALLANDALE FL</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. CITY<br><b>MIAMI</b>                                                | 8. CITY<br><b>MIAMI</b>                                                | 8. CITY<br><b>MIAMI</b>                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. STATE<br><b>FL</b>                                                  | 9. STATE<br><b>FL</b>                                                  | 9. STATE<br><b>FL</b>                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. ZIP<br><b>33133</b>                                                | 10. ZIP<br><b>33133</b>                                                | 10. ZIP<br><b>33133</b>                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Subpart 1.01(2)(b), Florida Statutes. I further certify that the information is filed on this annual report or supplemental annual report in truth 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 officer or director 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 newly added with an address.

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR