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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S93680

(4)

FLORIDA REALTY GROUP, INC.

FILED
Apr 29 1998 8:00am
Secretary of State

FLORIDA HEALTT GROUP, INC.			 	DEL BIBLI BIBLI BERK BERK BERK BERK BERK FORR
27 : /p: 28 / / /	77.7			
Principal Place of Business	Mailing Address	_	11991979 119 1210 1119 2110 1	#** **** ** **** ** **** ** **** ** **** **
110 E. BOCA RATON RD. SUITE 271				
BOCA RATON FL 33432	US			E IN THIS SPACE
US			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		11/13/1991 4. FEI Number	Applied For
21 120 E. BOCA RATON RD.		CA RATON RD.	65-0411971	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		C Floaties Compaign Financing	Fee Required
23 BOCA RATON, FL.	28 BOCA RATO	N, FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Ζφ	Country	8. This corporation owes or has p	paid the current year Intangible
24 33432 25 U.S.A.	29 33432	30 U.S.A.	Personal Property Tax due Jun	
9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New R	egisterea Agent
REYNOLDS, MAXINE V.E. 110 E, BOCA RATON RD		l	D. E. SELBY ess (P.O. Box Number is Not Accepta	
SUITE 271			ess (P.O. Box Number is Not Accepta BOCA_RATON_RD.	able)
BOOCA RATON FL 33432		63		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	2 and CO7 1509 Florida Statu		A RATON,	FL 33432
office or registered agent, or both, in the State	of Florida. Such change was	authorized by the corporation	on's board of directors. I hereby acco	ept the appointment as registered
agent. I am familiar with, and accept the obligation		dilya Statutes.	Poller_	4/20/08
SIGNATURE RONALD E SELB	nt and title if applicable (NO)	TE: Registered Agent signeture required		DATE
12. OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFI	
TITLE OPST NAME SELBY, RONALD E.	☐ DELETE	1.1 TITLE		Change Addition
SELBY, RONALD E. STREET ADDRESS 220140-E. BOCA RATON RD.		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	DELETE	21 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME	☐ DETEIT	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		6.2 NAME		,
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CHY-ST-ZIP		
 I hereby certify that the information supplied wi indicated on this annual report or supplemental 	Lannual report is true and acc	curate and that my signature	e shall have the same legal effect as:	if made under oath: that I am an
officer or director of the corporation or the rece Block 12 or Block 13 if changed, or on an attac	iver or trustee empowered to chment with an address.	execute this report as requi	red by Chapter 607, Florida Statutes	; and that my name appears in