

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**



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

AMENDED PROFIT CORPORATION ANNUAL REPORT 1997

**FILED**

97 JUL 29 AM 11: 31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # V14140

1. Corporation Name

**MYSTIC POINTE REALTY CORP.**

Principal Place of Business

Mailing Address

**3565 Mystic Pointe Drive  
 N. Miami Beach, FL 33180  
 US**

**888 Seventh Avenue  
 Suite 3400  
 New York, NY 10106**

3. Date Incorporated or Qualified **02/14/1992** 3a. Date of Last Report **05/01/1997**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <b>3565 Mystic Pointe Drive</b>		26 <b>3565 Mystic Pointe Drive</b>		65-0343227		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State <b>Aventura, FL</b>		City & State <b>Aventura, FL</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23 <del>N. Miami Beach</del> , FL		28 <del>N. Miami Beach</del> , FL					
Zip <b>33180</b> Country <b>USA</b>		Zip <b>33180</b> Country <b>USA</b>					
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**National Corporate Research, Ltd.  
 1406 Hayes Street  
 Tallahassee, FL 32301**

81 Name	<b>Michael A. Mollod</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>Mystic Pointe Realty Corp.</b>
83	<b>3565 Mystic Pointe Drive</b>
84 City	<b><del>N. Miami Beach</del> Aventura, FL</b>
85 Zip Code	<b>33180</b>

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 607.0505, Florida Statutes.

SIGNATURE: *Michael A. Mollod* **Michael A. Mollod, President** DATE: **5/1/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DPT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mollod, Michael A.</b>	1.2 NAME	<b>Mollod, Michael A.</b>
STREET ADDRESS	<b>888 Seventh Ave., Suite 3400</b>	1.3 STREET ADDRESS	<b>Mystic Pointe Realty Corp.</b>
CITY-ST-ZIP	<b>New York, NY 10106</b>	1.4 CITY-ST-ZIP	<b>3565 Mystic Pointe Drive, Aventura, FL 33180</b>
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Grossi, Nicholas P</b>	2.2 NAME	<b>Whitney, Julie</b>
STREET ADDRESS	<b>3565 Mystic Pointe Drive</b>	2.3 STREET ADDRESS	<b>Mystic Pointe Realty Corp.</b>
CITY-ST-ZIP	<b>N. Miami Beach, FL 33180</b>	2.4 CITY-ST-ZIP	<b>3565 Mystic Pointe Drive, Aventura FL 33180</b>
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bory, Judith</b>	3.2 NAME	
STREET ADDRESS	<b>888 Seventh Ave., Suite 3400</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>New York, NY 10106</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sindall, Faustina</b>	4.2 NAME	<b>500002252725--8</b>
STREET ADDRESS	<b>3565 Mystic Pointe Drive</b>	4.3 STREET ADDRESS	<b>-07/30/97--01084--002</b>
CITY-ST-ZIP	<b>N. Miami Beach, FL 33180</b>	4.4 CITY-ST-ZIP	<b>*****35.00 *****35.00</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>500002252725--8</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-07/30/97--01084--003</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>*****26.25 *****26.25</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Michael A. Mollod* **Michael A. Mollod** DATE: **5/1/97** PHONE: **305-932-1350**

CR2E034 (9/96)