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03-04-1999 90157 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V14140**
 1. Corporation Name
MYSTIC POINTE REALTY CORP.

Principal Place of Business: 3565 MYSTIC POINTE DRIVE, AVENTURA FL 33180, US
 Mailing Address: 3565 MYSTIC POINTE DRIVE, AVENTURA FL 33180, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 **40 Michael Mollo**
 Suite, Apt. #, etc.: 22 **40 Old Orchard Drive**
 City & State: 23 **Weston, CT**
 Zip: 24 **06883** Country: 25

2a. Mailing Address: 26 **40 Michael Mollo**
 Suite, Apt. #, etc.: 27 **40 Old Orchard Drive**
 City & State: 28 **Weston, Connecticut**
 Zip: 29 **06883** Country: 30

3. Date Incorporated or Qualified: **02/14/1992**

4. FEI Number: **65-0758439** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
MOLLOD, MICHAEL A
MYSTIC POINTE REALTY CORP.
3565 MYSTIC POINTE DRIVE
AVENTURA FL 33180

New Address!

10. Name and Address of New Registered Agent
 81 Name: **Michael A. Mollo**
 82 Street Address (P.O. Box Number is Not Acceptable): ~~3565 MYSTIC POINTE DRIVE~~
 83 **40 DAYS INN NORTH BEACH**
 84 City: **7450 Ocean Terrace, Miami Beach** FL 85 Zip Code: **33141**

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 Mollo* - Michael Mollo DATE: **1-8-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MOLLOD, MICHAEL A	<i>New Address</i>
STREET ADDRESS	3565 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WHITNEY, JULIE	<i>New Address</i>
STREET ADDRESS	3565 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FERRING, LISA	
STREET ADDRESS	3565 MYSTIC POINTE DR	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NEW ADDRESS	
1.3 STREET ADDRESS	40 OLD ORCHARD DRIVE	
1.4 CITY-ST-ZIP	Weston, CT 06883	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	40 OLD ORCHARD DRIVE	
2.3 STREET ADDRESS	Weston, CT 06883	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *Miss M.A. Pres.* DATE: **1-8-99** DAYTIME PHONE #: **212-333-2108**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)