FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999	(seal)	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	Mailing Address
3565 MYSTIC POINTE DRIVE AVENTURA FL 33180 US	3565 MYSTIC POINTE DRIVE AVENTURA FL 33180 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business [21] c/o Michael Mollod	2a. Mailing Address [26] c/o Michael Mollod
Suite, Apt. #, etc. [22] 40 Old Orchard Drive	Suite, Apt. #, etc. [27] 40 Old Orchard Drive
City & State [23] Weston, CT	City & State [28] Weston, Connecticut
Zip [24] 06883 Country [25]	Zip [29] 06883 Country [30]

3. Date Incorporated or Qualifed
02/14/1992

4. FEI Number 65-0758439	Applied For / Not Applicable
5. Certifcate 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. Mollod	
[82] Street Address (P.O. Box Number is Not Acceptable)	
[83] c/o 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 Mollod*   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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME	MOLLOD, MICHAEL A	*New Address*	1.2 NAME		
STREET ADDRESS	3565 MYSTIC POINTE DRIVE		1.3 STREET ADDRESS	40 OLD ORCHARD DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180		1.4 CITY-ST-ZIP	Weston, CT 06883	
TITLE	VS	☐ DELETE	2.1 TITLE	☒ Change	☐ Addition
NAME	WHITNEY, JULIE	*New Address*	2.2 NAME		
STREET ADDRESS	3565 MYSTIC POINTE DRIVE		2.3 STREET ADDRESS	40 OLD ORCHARD DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180		2.4 CITY-ST-ZIP	Weston, CT 06883	
TITLE	VP	☒ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	FERRING, LISA		3.2 NAME		
STREET ADDRESS	3565 MYSTIC POINTE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		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			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: *Michael Mollod, Pres.*   Date 1-8-99   Daytime Phone # 212-333-2108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR