

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90081 010 ***150.00

DOCUMENT # V44935

1. Corporation Name
REALTY WHOLESALERS, INC.

Principal Place of Business

3300 NE 192 ST.
PH-13
AVENTURA FL 33180
US

Mailing Address

3300 NE 192 ST.
PH-13
AVENTURA FL 33180
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1992

4. FEI Number

65-0346363

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

2. Principal Place of Business

21 2703 Parkview Drive

2a. Mailing Address

26 2703 Parkview Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Hallandale FL

City & State

28 Hallandale FL

Zip

24 33009

Country

25 Broward

Zip

29 33009

Country

30 Broward

9. Name and Address of Current Registered Agent

KOPELOWITZ, HARVEY
750 SE 3 AVE
#100
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name Vincent Sammarco
82 Street Address (P.O. Box Number is Not Acceptable) 7752 EAST STREET
83
84 City Pembroke Pines FL 85 Zip Code 33024

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

Vincent Sammarco

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME STERN, BEN
STREET ADDRESS 3300 NE 192 ST. PH-13
CITY-ST-ZIP AVENTURA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2703 Parkview Drive

1.4 CITY-ST-ZIP Hallandale, FL 33009

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

B. Stern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 954-455-4212
Date Daytime Phone #

CR2E034 (11/98)

0122898