

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

NOV 08 1999

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

99 NOV 15 PM 2:09

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-11/22/99-01016-006
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DOCUMENT # 326228 **AMENDED**
1. Corporation Name
Tuff Realty Corporation

Principal Place of Business Mailing Address
c/o Frank Gulisano
Summit Realty Development Corp.
6700 Northwest Broken Sound Parkway Suite 201
Boca Raton, Florida 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
2/8/68

21	2. Principal Place of Business 6700 Northwest Broken Sound Parkway Suite, Apt. #, etc. Suite 201 City & State Boca Raton, Florida Zip 33487	26	2a. Mailing Address c/o Paul S. Forster, Esq. Suite, Apt. #, etc. 132 Hooper Avenue City & State Staten Island, New York Zip 10306	4.	FEI Number 59-197 4264	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	22	27	27	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	24	29	29	8.	This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name Frank Gulisano		
				82	Street Address (P.O. Box Number is Not Acceptable) Summit Realty Development Corp.		
				83	6700 Northwest Broken Sound Parkway, Suite 201		
				84	City	Boca Raton	FL 88 Zip Code 33487

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Frank Gulisano: *Frank Gulisano* DATE 11/8/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Caiazza, Pasquale P., Jr. 606 East Chapman Avenue, Suite 201 Orange, California 92866-1601 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Douglas E. Elia 2332 N. 7th Street Terre Haute, IN 47804-1803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Todd, Susan C. 69 Ludwig Street Staten Island, New York 10310 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brian A. Caiazza 25-32 35th Street, Apt. 3E Astoria, NY 11102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Guerin, Mary M. 10972 Promesa Drive San Diego, California 92124 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary-Treas., Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael E. Elia 619 Esplanade Pelham, NY 10803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kenny, James J., Jr. 5036 Crestview Place Rancho Cucamonga, CA 91701-1262 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>08/11/99</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 E. Elia* DATE 10/ /99 718-667-1948
Michael E. Elia, Secretary-Treasurer