

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 AM 9:32

DOCUMENT # **F12719** (3)

E & K REAL ESTATE INVESTMENT CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **700 N.E. 90TH ST. MIAMI FL 33138-3206**
Mailing Address: **700 N.E. 90TH ST. MIAMI FL 33138-3206**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 12/23/1980		3a. Date of Last Report 04/27/1994	
4. FEI Number 59-2090850		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent KOPPEN, R. DANIEL 700 N.E. 90TH ST. MIAMI FL 33138-0206				10. Name and Address of New Registered Agent			
B1 Name				B5 Zip Code			
B2 Street Address (P.O. Box Number is Not Acceptable)				B4 City			
B3				FL			

11. Pursuant to the provisions of Sections 607.0202 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, as 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: *R. Daniel Koppen* **4/27/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 NAME PD KAPLAN, BERNICE	01 NAME	01 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02 STREET ADDRESS 700 N.E. 90TH ST.	02 STREET ADDRESS	02 STREET ADDRESS	
03 CITY, STATE, ZIP MIAMI, FL 00000	03 CITY, STATE, ZIP	03 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
04 NAME STD EVANS, GEORGE M	04 NAME	04 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
05 STREET ADDRESS 700 N.E. 90TH ST.	05 STREET ADDRESS	05 STREET ADDRESS	
06 CITY, STATE, ZIP MIAMI, FL 00000	06 CITY, STATE, ZIP	06 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
07 NAME	07 NAME	07 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
08 STREET ADDRESS	08 STREET ADDRESS	08 STREET ADDRESS	
09 CITY, STATE, ZIP	09 CITY, STATE, ZIP	09 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10 NAME	10 NAME	10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 STREET ADDRESS	11 STREET ADDRESS	11 STREET ADDRESS	
12 CITY, STATE, ZIP	12 CITY, STATE, ZIP	12 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is substantially true and correct and equally for this exemption stated in Sections 191.032-191.034, Florida Statutes. I further certify that the information stated above is an annual report or a preliminary annual report, and as a result that my signature shall have the same legal effect as if made under oath. I am a duly qualified officer or director of the corporation and have signed to execute this report as required by Chapter 191, Florida Statutes, and that my name appears on Block 12 or Block 13, as applicable, of an annual report or preliminary report.

SIGNATURE: *George M. Evans* **4/27/95** **305 754 8442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George M. Evans