## 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

## DOCUMENT # F9700005353

72-74 LAFAYETTE AVENUE REALTY CORP.

Principal Place of Business	Mailing Address		
72-74 LAFAYETTE AVENUE	72-74 LAFAYETTE AVENUE		
SUFFERN NY 10901	SUFFERN NY 10901		

## **FILED** Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90059 020 \*\*\*150.00



Principal Place	e of Business	М	lailing Address				
72-74 LAFAYETT	TE AVENUE		-74 LAFAYETTE AVENUE				
SUFFERN NY 10901 SUFFERN NY 10901					DO NOT WRITE IN THIS S		DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							10/13/1997
2 Principal P	lace of Business	22	. Mailing Address				4. FEI Number Applied For
· '	lace of business	$\vdash$	, walling real osc				13-2803966 Not Applicable
21 Suito Ant	26						S8.75 Additional
						- · <del></del>	5. Certificate of Status Desired Fee Required
22						6. Election Campaign Financing \$5.00 May Be	
<u> </u>	6	28					Trust Fund Contribution Added to Fees
Zip	Country	20	Zip	Cou	Country		This corporation owes the current year Intangible
<u> </u>	· ·	29	<del>,</del>	30	,		Personal Property Tax.
24	9. Name and Address of Curren		etered Agent	30	1		10. Name and Address of New Registered Agent
	9. Name and Address of Correl	it Kegi	stered Agent		81	Name	To, traine and
NATI	HAN, ROBERT						
	HIPPER-IN CIRCLE				82	Street Addre	ss (P.O. Box Number is Not Acceptable)
1	IOND BEACH FL 32174				83		
	DENOTITE GETT				63		
					84	City	85 Zip Code
į					Ш	<u></u>	FL   C   L   C   C   C   C   C   C   C
11. Pursuant	to the provisions of Sections 607.050	2 and (	607.1508, Florida-Statut ida, Such chande was a	es, the a uthorized	bove 1 bv	e-named corpo the corporation	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the cities	tions o	Section 692-0505, Flo	rida Stat	utes	are corporation	1/-
SIGNATURE	KLYM	10	ulhan	<del></del>		Robert 1	Vathan x02-27-99
3/3/14/10/14	Signature typed or printed name of registered agen	nt and title	if applicable. (NOTE	: Registered	Agen	it signature required	when remarking,
12.	OFFICERS AN	ID DIR		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT		☐ DELETE	1.1 TI	TLE		☐ Change ☐ Addition
NAME	NATHAN, ROBERT M			12 N	AME		
STREET ADDRESS	3 WHIPPER-IN CIRCLE			1.3 S	TREET	TADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174			1.4 C	ITY-S	T-ZIP	
TITLE	V		☐ DELETE	2.1 TI	TLE		☐ Change ☐ Addition
NAME	NATHAN, DANIEL			22 N	AME		
STREET ADDRESS	21 ROCKLAND TERRACE			2.3 S	TREET	T ADDRESS	:-
	SUFFERN NY 10901			Ε.		ST-ZIP	
TITLE	\$		☐ DELETE	3.1 1			☐ Change ☐ Addition
	NATHAN, FRANCES			3.2 N			
NAME	3 WHIPPER-IN CIRCLE			1		TADORESS	•
STREET ADDRESS							
CITY-ST-ZIP	ORMOND BEACH FL 32174		☐ DELETE	3.4. C		ST-ZIP	☐ Change ☐ Addition
TITLE			C) veceic	- 1		1	
NAME	,				IAME		
STREET ADDRESS	**					TADDRESS	
CITY-ST-ZIP					ITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	}		☐ DELETE	5.1 T		;	☐ Change ☐ Addition
NAME					AME		
STREET ADDRESS						TADDRESS	
CITY-ST-ZIP				_	ITY-S	T-ZIP	
TITLE			☐ DELETE	6.1 T	ITLE		☐ Change ☐ Addition
NAME				6.2 N	AME		
STREET ADDRESS				6.3 S	TREE	TADDRESS	

6.4 CITY-ST-ZIP 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 accurate 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 of an ary attachagent with an address, with all they like empowered.

SIGNATURE: