

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L85432** (7)
1. Corporation Name
ESHER PROPERTIES, INC.

Principal Place of Business 6020 NORTH BAY ROAD MIAMI BEACH FL 33140	Mailing Address C/O ARNAD G. TOMER 350 5TH AVE., SUITE 602 NEW YORK NY 10118-0685 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1835 West 27 Street Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/05/1990	
22 City & State 23 Miami Beach FLA.		27 City & State 28		4. FEI Number 65-0213471 Applied For Not Applicable	
24 Zip 33140		25 Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
28		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GIBB, MAURICE 6020 NORTH BAY ROAD MIAMI BEACH FL 33140	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	1835 WEST 27 STREET MIAMI BEACH, FLA 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOSKE, ROBERT 910 WHITE STREET KEY WEST FL 33040	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	1206 DUNCAN STREET KEY WEST, FLA. 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GITOMER, ARNOLD 10 QUAKER DR. E-BRUNSWICK NJ	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TWO FIFTH AVENUE (15D) NY NY 10011
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 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)(f), 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.

SIGNATURE: **SIGNATURE REQUIRED**

1/20/98 (RM) 594-9861

CR2E034 (10/97)