## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P96000013108

1. Entity Name M.L.S. REALTY, INC.



Principal Place of Business

1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442 Mailing Address

1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442

## FILED Feb 16, 2004 08:00 AM Secretary of State



02022004

No Chg-P

\_CR2E034 (10/03)

4. FEI Number 65-0641843 Applied For Not Applicable

				65-064	1843	Not Applicable
	in the second of	24.27 To State Control of the		5. Certificate	of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						
SUITE 200	EWPORT CENTER DRIVE	DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for the prions of registered agent.	ourpose of changing its registere	ed office or regis	tered agent, or bo	th, in the State of Florida. I ar	n familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered A				red when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing \$	5.00 May Be dided to Fees		7 -017 150.00
10.	OFFICERS AND DIREC	CTORS	I	T s results		
title name street address city-st-zip	DPT ECKERT, SCOTT A 1192 E. NEWPORT CENTER DRIVE, DEERFIELD BEACH, FL 33442	STE. 200	a net kana	•• •	il Assacia i Arministra	*
THEE NAME STREET ADDRESS CHY-ST-ZIP	DVP KOPLOW, HAROLD 1192 E. NEWPORT CENTER DRIVE, DEERFIELD BEACH, FL 33442			e de la company		
title Name Street address City-St-Zip	3			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ECKERT, SIBYL 1192 E. NEWPORT CENTER DRIVE, DEERFIELD BEACH, FL 33442	STE. 200			THIS SPAC	E
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TITLE NAME STREET ADDRESS				•		

12. 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 report or supplemental 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 received or typicate employered to exploit eithis report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all block in the provided of the composition of the received or the received or the composition of the received or this received or the composition of the received or the received or the composition of the received or the received or the composition of the received or the receive

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13 04

Daytime Phone #