

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**FILED**

97 JUN 26 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000023927 (2)**

1. Corporation Name  
**LTS REALTY & MANAGEMENT COMPANY, INC.**



Principal Place of Business

**8974 NAVARRE PARKWAY  
NAVARRE FL 32572**

Mailing Address

**8974 NAVARRE PARKWAY  
NAVARRE FL 32566-2157**

<b>3.</b> Date incorporated or Qualified <b>03/18/1996</b>	<b>3a.</b> Date of Last Report
<b>4.</b> FEI Number <b>59-3369803</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**2.** Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

**2a.** Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

**9.** Name and Address of Current Registered Agent

**EISINGER, ERROL  
8300 S.W. 65TH AVE.  
APT. 12  
MIAMI FL 33143**

<b>81</b> Name	<b>85</b> Zip Code
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
<b>83</b>	
<b>84</b> City	

**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 consisting) DATE

<b>12. OFFICERS AND DIRECTORS</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>1.1</b> TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2</b> NAME	<b>Pres. Errol Eisinger</b>
<b>1.3</b> STREET ADDRESS	<b>8300 SW 65th Ave - #12</b>
<b>1.4</b> CITY-ST-ZIP	<b>Miami FL 33143</b>
<b>2.1</b> TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>2.2</b> NAME	<b>N.E. Nicolaides II</b>
<b>2.3</b> STREET ADDRESS	<b>7065 SW 67th Ave</b>
<b>2.4</b> CITY-ST-ZIP	<b>Miami, FL 33143</b>
<b>3.1</b> TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.2</b> NAME	<b>E.N. Nicolaides</b>
<b>3.3</b> STREET ADDRESS	<b>7065 SW 67th Ave</b>
<b>3.4</b> CITY-ST-ZIP	<b>Miami, FL 33143</b>
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**600002229266--2**  
**-07/02/97--01080--020**  
**\*\*\*\*165.00 \*\*\*\*165.00**

**14.** I do 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.

**SIGNATURE:** *[Signature]* **11/29/97** **305-670-1980**

CR2E034 (9/96)