

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

**FILED**

**May 05 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P96000023927 (2)**  
1. Corporation Name  
**LTS REALTY & MANAGEMENT COMPANY, INC.**



Principal Place of Business <b>8974 NAVARRE PARKWAY NAVARRE FL 32572</b>	Mailing Address <b>8974 NAVARRE PARKWAY NAVARRE FL 32572</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7711 SW 62nd Ave.</b> Suite, Apt. #, etc. <b>203A</b> City & State <b>Miami, FL</b> Zip <b>33143</b> Country <b>USA</b>		2a. Mailing Address 26 <b>7711 SW 62nd Ave.</b> Suite, Apt. #, etc. <b>203A</b> City & State <b>Miami, FL</b> Zip <b>33143</b> Country <b>USA</b>		3. Date incorporated or Qualified <b>03/18/1996</b>
22		27		4. FEI Number <b>59-3369803</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

**10. Name and Address of New Registered Agent**

**B1 Name**

**B2 Street Address (P.O. Box Number is Not Acceptable)**  
**540 Briarcliff Key Dr. #1202**

**B3**

**B4 City** **Miami** **B5 State** **FL** **B6 Zip Code** **33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>EISINGER, ERROL</b>	
STREET ADDRESS	<b>8300 SW 65TH AVE. #12</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>NICOLAIDES, N.E. II</b>	
STREET ADDRESS	<b>7065 SW 67TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>NICOLAIDES, BIN</b>	
STREET ADDRESS	<b>7065 SW 67TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>540 Briarcliff Key Dr. #1202</b>
14 CITY-ST-ZIP	<b>Miami, FL 33131</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 **ERROL EISINGER** **VP** **5/1/98** **205 17 1998**

CP2E034 (10/97)