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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 18 1998 8:00am Secretary of State

	MENT # \$1208 EKAUFF REALTY, INC.	6 (2)			
Principal Place	of Business	Mailing Address		a seminain tak dibid kiaks dalah datin akta dibid dia	it dibli dibit dibit olasi sedi
2415 BLANDING BLVD.		2415 BLANDING BLVD.			
SUITE 9		SUITE 9			
JACKSONVILLE FL 32210		JACKSONVILLE FL 32210		DO NOT WRITE IN THIS SPACE	
U\$		US		3, Date Incorporated or Qualified	
-	· · · · · · · · · · · · · · · · · · ·			11/13/1990	<del></del>
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 Suite Ant # ata		26		59-3036838	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City I Store		City & State			
City & State		28]		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	<ol><li>This corporation owes or has paid the cu</li></ol>	
24	25	29	30		Yes No
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent
	DLEKAUFF, JEFFREY R		81 Name		
4227 FOREST PARK BLVD.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32210			83		
			84 City		85 Zip Code
	<del></del>			rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appropriate the purpose of	
agent. Lar SIGNATURE	n familiar with, and accept the oblig	rations of, Section 607.0505, F	It Registered Agent signature req		
TITLE	D	☐ DETE LE	1.1 TITLE		☐ Change ☐ Addition
NAME	MIDDLEKAUFF, JEFFREY R		12 NAME		
STREET ADDRESS	2415 BLANDING BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	MIDDLEKAUFF, CURTIS R		2.2 NAME		
STREET ADDRESS	2415 BLANDING BLVD		2 3 STREET ADORESS		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CHTY-ST-ZIP		
TITLE		DELFTE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-SY-ZIP		
TITLE		DELFTE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
OILL-DI-TIL	<del></del>			- Cartier 110 02/2V/) Florido Cast des I fuebes a	

Interest certify that the information supplied who has thing does not quality 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:**