

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **V26911** (0)

95 MAR 14 AM 8:21

1. Corporation Name  
**EGRET LANDING REALTY, INC.**

Principal Place of Business  
**2562 W. INDIANTOWN RD  
#1  
JUPITER FL 33458  
US**

Mailing Address  
**PO BOX 420  
JUPITER FL 33468-0420  
US.**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
**21 1020 Egret Landing Blvd**

2a. Mailing Address  
**22 P.O. Box 420**

State, Apt. #, etc.  
**23 Jupiter, FL**

State, Apt. #, etc.  
**27 Jupiter, FL**

City & State  
**24 33458 25 Country**

City & State  
**29 33468-0420 30 USA**

3. Date Incorporated or Qualified  
**04/03/1992**

3a. Date of Last Report  
**04/26/1994**

4. FEI Number  
**65-0328597**

Applied For  
 Not Applicable

5. Certificate of Status Desired  
 \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution  \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes  
 Yes  No

8. Name and Address of Current Registered Agent  
**BERMAN, ROBERT A.  
6973 DONALD ROSS RD  
PALM BEACH GARDENS FL 33418**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of agent or (former) name of registered agent and the filer shall be printed in block letters.) (Date)

12. OFFICERS AND DIRECTORS

TITLE: **DP**  
NAME: **BERMAN, ROBERT A.**  
STREET ADDRESS: **6973 DONALD ROSS RD**  
CITY-STATE-ZIP: **PALM BCH GARDENS FL**

TITLE: **D**  
NAME: **BERMAN, JOANNE F.**  
STREET ADDRESS: **6973 DONALD ROSS RD**  
CITY-STATE-ZIP: **PALM BCH GARDENS FL**

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-STATE-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
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CITY-STATE-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-STATE-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained 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 a member or officer of the corporation or an incorporator or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am an officer or director with an address.

SIGNATURE: **Robert A. Berman**  
(Date) (Name)

3/8/95 (407) 744-1111