

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90275 045 \*\*\*150.00

**DOCUMENT # F66390**

1. Entity Name

FLORIDA EAST COAST REALTY, INC.



Principal Place of Business

P.O. 012949  
MIAMI FL 33101  
US

Mailing Address

P. O. BOX 012949  
MIAMI FL 33101  
US

34043673



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

4. FEI Number **59-2166506**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROGAN, KATHLEEN  
100 S. BISCAYNE BLVD  
STE 1100  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME BAER, STEVE ☐ Delete  
STREET ADDRESS 100 S. BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33131

TITLE VDS  
NAME HOLLO, WAYNE ☐ Delete  
STREET ADDRESS 100 S. BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL 33131

TITLE VP  
NAME DAHAN, PHILLIP C ☐ Delete  
STREET ADDRESS 100 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33131

TITLE PD  
NAME HOLLO, TIBOR ☐ Delete  
STREET ADDRESS 100 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 receiver or trustee empowered to execute this 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 other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #