PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 327539

Country

25

Corporation Name

Suite, Apt. #, etc.

City & State

Zip

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DEIL REALTY, INC.

Principal Place of Business Mailing Address
7827 N.W. 53RD STREET 7827 N.W. 53RD STREET
MIAMI FL 33166 MIAMI FL 33166

2. Principal Place of Business 2a. Mailing Address

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Zip

Suite, Apt. #, etc.

City & State

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90037 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

	3.	Date Incorporated or Qualifed 03/13/1968	-		·		
	4.	4. FEI Number			Applied For		
		59-1230676			Not Applicable		
	5.	Certificate of Status Desired			5 Additional Required		
<del></del>	-6:	Election Campaign Financing Trust Fund Contribution			O May Be ed to Fees		
•••	8.	This corporation owes the curre Personal Property Tax.	nt year Inta	ngible Yes	□No		
	10.	Name and Address of New Re	gistered A	gent			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
EISENBERG,STEWART	81 Name	
7827 N.W. 53RD ST.	82 Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33166	83	
	84 City FL 85 Zip Code	
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 register	ed

Country

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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 registere
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.

agent. ra	in lamilar with, and accept the beingstons	01, 0000011 001 .0000, 1 1011				
SIGNATURE	Signature, typed or printed name of registered agent and t	No H analisable /NOTE: E	Registered Agent signature require	ad when reinstation)	DATE	
40	OFFICERS AND DI		13.	ADDITIONS/CHANGES TO		RS IN 12
12.		DELETE	1,1 TITLE	ABBITIONOGGIPATOLO	Change	Addition
TITLE	PD					
NAME	EISENBERG, STEWART		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY+ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP		,	
TITLE	VTD	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	eisenberg, dean		2.2 NAME			Ì
STREET ADDRESS	7827 N W 53RD ST		2.3 STREET ADDRESS			Í
CITY-ST-ZIP	MIAMI, FL 00000		2, 4 CITY-ST-ZIP			
TITLE	VPD	DELETE TE	3) fine	<del></del>	Change	Addition:
NAME	EISENBERG, NEIL		3.2 NAME			1
STREET ADDRESS	7827 NW 53RD STREET		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	•		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		· <del></del>	
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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 go ap attachment with an address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEWART EISENBERG, PRESIDENT

APRIL 1, 1999 Date 305-59"

305-**591**2052