

PRO-11  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

NOV 08 1999

FILED

99 NOV 15 PM 2:18

SECRETARY OF STATE  
TALLahassee, FLORIDA

DOCUMENT #

AMENDED

1. Corporation Name

386627

1500 West Church Street Corporation

Principal Place of Business

Mailing Address

c/o Frank Gulisano  
Summit Realty Development Corp.  
6700 Northwest Broken Sound Parkway Suite 201  
Boca Raton, Florida 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
8/10/71

2. Principal Place of Business

2a. Mailing Address

21 west Broken Sound Parkway

26 c/o Paul S. Forster, Esq.

4. FEI Number

59-197 4290

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27 132 Hooper Avenue

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23 Boca Raton, Florida

28 Staten Island, New York

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

24 33487

25 USA

Zip

Country

29 10306

Country

30 USA

8. This corporation owes the current year intangible  
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

01 Name Frank Gulisano

02 Street Address (P.O. Box Number is Not Acceptable)  
Summit Realty Development Corp.

03 6700 Northwest Broken Sound Parkway, Suite 201

04 City Boca Raton FL 05 Zip Code 33487

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 Frank Gulisano: *Frank Gulisano*

DATE 11/ /99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME Caiazza, Pasquale P., Jr.  
STREET ADDRESS 606 East Chapman Avenue, Suite 201  
CITY-ST-ZIP Orange, California 92866-1601

1.1 TITLE President, Director  Change  Addition  
1.2 NAME Douglas E. Elia  
1.3 STREET ADDRESS 2332 N. 7th Street  
1.4 CITY-ST-ZIP Terre Haute, IN 47804-1803

TITLE SD  DELETE  
NAME Todd, Susan C.  
STREET ADDRESS 69 Ludwig Street  
CITY-ST-ZIP Staten Island, New York 10310

2.1 TITLE Vice President, Director  Change  Addition  
2.2 NAME Brian A. Caiazza  
2.3 STREET ADDRESS 25-32 35th Street, Apt. 3E  
2.4 CITY-ST-ZIP Astoria, NY 11102

TITLE D  DELETE  
NAME Guerin, Mary M.  
STREET ADDRESS 10972 Promesa Drive  
CITY-ST-ZIP San Diego, California 92124

3.1 TITLE Secretary-Treas., Director  Change  Addition  
3.2 NAME Michael E. Elia  
3.3 STREET ADDRESS 619 Esplanade  
3.4 CITY-ST-ZIP Pelham, NY 10803

TITLE T  DELETE  
NAME Kenny, James J., Jr.  
STREET ADDRESS 5036 Crestview Place  
CITY-ST-ZIP Rancho Cucamonga, CA 91701-1262

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS 000002053460---6  
4.4 CITY-ST-ZIP -11/24/99--01009--010  
\*\*\*\*\*51.25 \*\*\*\*\*51.25  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE: *Michael E. Elia*

DATE 10/29/99

718-667-1948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Elia, Secretary-Treasurer