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

Mailing Address

6348 PALMAS BAY CIR

PORT ORANGE FL 32127

**PROFIT CORPORATION** ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 414351 1. Corporation Name

Principal Place of Business

2090 8 NOVA RD

S DAYTONA FL 32119

SIGNATURE:

EARTH REALTY, INC.

2. Principa	l Place of Business	2a. Mailing Address	;			4. FEI Number			Applied For
21	26					59-1450885			Not Applicable
Suite, A	uite, Apt. #, etc. Suite, Apt. #, etc.						- <del></del>	\$8.75	Additional
22	27					5. Certificate of Status Desired	J	Fee f	Required
City & S	y & State City & State					6. Election Campaign Financing	_	\$5.00	May Be
23	28					Trust Fund Contribution	3		to Fees
Zip	Country	Zip	Count	try	,	8. This corporation owes the current	year Inta	ingible	
24	25 29 30					Personal Property Tax.	-	Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Regi	stered A	Agent	
				31	Name				
BIRO, MICHAEL V.				2	Ctuant Addus	on /D O. Boy Number is Not Assentable	·····		
2090 SOUTH NOVA RD				82 Street Address (P.O. Box Number is Not Acceptable)					
S DAYTONA FL 32119				33	1				
				_					
		• • •	8	34	City		Fi	85   Zip	Code '
11. Pursua	ent to the provisions of Sections 607 0507	2 and 607 1508. Florida 5	Statutes the abo	Ve-	named corno	oration submits this statement for the nur		changing it	ts 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
42	Signature, typed or printed name of registered agent OFFICERS ANI		(NOTE: Registered Ag	gent :	signature required	ADDITIONS/CHANGES TO OFFIC		DIRECT	OBC IN 12
12. TITLE		DELE				ADDITIONS/CHANGES TO OFFIC	EKS AN	Change	
	_							☐ Onlange	,
NAME	BIRO, MICHAEL V.		1.2 NAME	_					
STREET ADDRI					ADDRESS				
CITY-ST-ZIP	PORT ORANGE FL 140				ZIP				Fill a deleter
TITLE		☐ DELE						Change	Addition
NAME	1		2.2 NAME	E					
STREET ADORS	ss		2.3 STRE	EET A	ADDRESS				Į.
CITY: ST-ZIP		,	2, 4 CITY	-ST	-ZIP				
TITLE		☐ DELE	TË 3.1 TITLE	Ξ				☐ Change	Addition
NAME .			. 3.2 NAME	E					
STREET ADDRE	ss		3.3 STRE	ETA	NODRESS .	•	~		
CITY-ST-ZIP	•		3.4. CfTY	'-ST-	-ZIP				
TITLE		☐ DELE	TE 4.1 TITLE	•				☐ Change	Addition
NAME			4. 2 NAMI	Œ					
STREET ADDRE	ss		4.3 STRE	ETA	NDDRESS				
CITY-ST-ZIP			4.4 CITY-	-ST-	ZIP				
TITLE		☐ DELE	TE 5.1 TITLE	•			-	☐ Change	Addition
NAME			5.2 NAME	Ε					
STREET ADORS	ss		5.3 STRE	ETA	NODRESS				
CITY-ST-ZIP	į.		5.4 CITY-	-ST-	ZIP				
TITLE		DELET	TE 6.1 TITLE	=				Change	Addition
NAME	· 公司 集体等。		6.2 NAME	E		•			
STREET ADDRE	1.4		6.3 STRE	ETA	DDRE\$S				
CITY-ST-ZIP			6.4 CITY-	-\$T-	ZIP				Ì
14 i heret	y certify that the information supplied with	n this filing does not qual	lify for the exemp	ptio	n stated in Se	ection 119.07(3)(i), Florida Statutes. I fur	ther certi	fy that the	information
14. I hereby certify that the information supplied with this filing the snot 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 their 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 of truestee empowered to execute this regard as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an effective with an address with all otherwise properties.									

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90027 048 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

12/11/1972