

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90139 046 \*\*\*150.00

DOCUMENT # 534468

1. Corporation Name  
NEW ERA REALTY, INC.

Principal Place of Business  
2072 S MILITARY TRAIL STE 5  
WEST PALM BEACH FL 33415

Mailing Address  
2072 S MILITARY TRAIL STE 5  
WEST PALM BEACH FL 33415



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1977

4. FEI Number

59-1814641

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3540 Forest Hill BV

2a. Mailing Address

26 3540 Forest Hill BV

Suite, Apt. #, etc.

22 Ste. #202

Suite, Apt. #, etc.

27 Ste #202

City & State

23 W. Palm Beach, FL

City & State

28 W. Palm Beach, FL

Zip

24 33406

Country

25

Zip

29 33406

Country

30

9. Name and Address of Current Registered Agent

STATZER, LORETTA M.  
2072 S. MILITARY TRAIL  
W. PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name

(address change only)

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

3540 Forest Hill Blvd

83

Ste #202

84 City

West Palm Beach

FL

85 Zip Code

33406

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE  
NAME STATZER, LORETTA M  
STREET ADDRESS 2072 S. MILITARY TRAIL  
CITY-ST-ZIP W PALM BCH, FL 00000

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(address change only) ☒ Change ☐ Addition  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 3540 Forest Hill BV #202  
1.4 CITY-ST-ZIP West Palm Beach, FL 33406

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)