


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

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Apr 14, 1999 8:00 am  
Secretary of State

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 573087</b>			
1. Corporation Name <b>MEL REALTY AND INVESTMENT CORPORATION</b>			
Principal Place of Business <b>% JOSIAS &amp; GOREN - P.A.</b> <b>3099 E. COMMERCIAL BLVD., #200</b> <b>FT. LAUDERDALE FL 33308</b>		Mailing Address <b>% JOSIAS &amp; GOREN - P.A.</b> <b>3099 E. COMMERCIAL BLVD., #200</b> <b>FT. LAUDERDALE FL 33308</b>	
2. Principal Place of Business <b>21 c/o JOSIAS, GOREN, CHEROF,</b> <b>DOODY &amp; EZROL, P.A.</b> <b>Suite, Apt. #, etc.</b> <b>22 3099 E. Commercial Blvd., #200</b> <b>City &amp; State</b> <b>23 Fort Lauderdale, Florida</b> <b>Zip</b> <b>33308</b> <b>Country</b> <b>25 U.S.A.</b>		2a. Mailing Address <b>26 c/o JOSIAS, GOREN, CHEROF,</b> <b>DOODY &amp; EZROL, P.A.</b> <b>Suite, Apt. #, etc.</b> <b>27 3099 E. Commercial Blvd., #200</b> <b>City &amp; State</b> <b>28 Fort Lauderdale, Florida</b> <b>Zip</b> <b>33308</b> <b>Country</b> <b>30 U.S.A.</b>	
9. Name and Address of Current Registered Agent <b>GOREN, SAMUEL S.</b> <b>3099 E COMMERCIAL BLVD</b> <b>#200</b> <b>FT. LAUDERDALE FL 33308</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>85 Zip Code</b> <b>FL</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	LATNER, ALBERT J.		
STREET ADDRESS	1121 CRANDON BLVD		
CITY-ST-ZIP	KEY BISCAYNE FL		
TITLE	DST	<input type="checkbox"/> DELETE	
NAME	LATNER, STEVEN		
STREET ADDRESS	1121 CRANDON BLVD		
CITY-ST-ZIP	KEY BISCAYNE FL		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	LATNER, MICHAEL E.		
STREET ADDRESS	1121 CRANDON BLVD		
CITY-ST-ZIP	KEY BISCAYNE FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

March 30, 1999

(416) 487-1100

Date

Daytime Phone #

CR2E034 (1/98)

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