

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  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90065 036 \*\*\*150.00

DOCUMENT # 840372

1. Corporation Name  
ERO PROPERTIES, INC.

Principal Place of Business  
% CORPORATION TAX DIVISION  
WALL STREET STATION, P O BOX 1703  
NEW YORK NY 10268-1228

Mailing Address  
% CORPORATION TAX DIVISION  
WALL STREET STATION, P O BOX 1703  
NEW YORK NY 10268-1228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1978

4. FEI Number

13-2911478

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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	AT	<input type="checkbox"/> DELETE
NAME	RUDOLPH, STEPHEN G	
STREET ADDRESS	200 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASTLEMAN, DONALD B.	
STREET ADDRESS	280 PARK AVE	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARCHAND, A W	
STREET ADDRESS	280 PARK AVE	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	O'ROARK, CARL - MISPELLED	
STREET ADDRESS	280 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	D'EMILIA, RICK J	
STREET ADDRESS	280 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DIGRAZIA, JOSEPH	
STREET ADDRESS	280 PARK AVENUE	
CITY-ST-ZIP	NEW YORK N.	

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	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Peterson, Clark
2.3 STREET ADDRESS	130 Liberty
2.4 CITY-ST-ZIP	New York NY 10006
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	DIRECTOR & Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROARK, CARL
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lahtinen, Lea
5.3 STREET ADDRESS	130 Liberty
5.4 CITY-ST-ZIP	New York NY 10006
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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/99

212 250 2456  
Daytime Phone #

CR2E034 (1/98)

0546095