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**

DOCUMENT # **F53078**

1. Corporation Name

Principal Place	of Business	į
-----------------	-------------	---

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90018 007 ***150.00

	ENT REALTY, INC.				
Principal Place	e of Business	Mailing Address			
, 3862 Sheridan	N STREET 300	-3862 SHERIDAN STREET HOLLYWOOD FL 33021			
HOLLYWOOD F	·L 33021	HOLLOWOOD FL 33021		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	
				11/04/1981	
2. Principal Pl	lace of Business	2a. Mailing Address	. (4	4. FEI Number	Applied For
21 3880	SheridanSt	26 3880 JALK	udanst	59-2149275	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	e. 4	City & State/	41	6. Election Campaign Financing	\$5.00 May Be
23 HO //	YWOOD FL	28 Hollywoo.	D Jy	Trust Fund Contribution	Added to Fees
Zip	Country	I - Zip AZANI F	Country Browned	8. This corporation owes the current year	Intangible ☐ Yes ☐ No
24 <u>3302</u>		<u> </u>	30 Drowour	Personal Property Tax. 10. Name and Address of New Registere	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	- Agent
MUR	RPHY, JOHN		_		
~4600	SHERIDAN STREET, STE-401	3860 SHERIDAN.	Street Addr	ress (P.O. Box Number is Not Acceptable)	
HOL	LYWOOD FL 33021		83		
					las Zia Cada
			84 City	. F	Zip Code
office of 0	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate	of Florida. Such change was aut	thorized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pointment as registered
-	in familia, 11,5, and decept the earligen				
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: F	Registered Agent signature require		
12.	OFFICERS AN	··· · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
TITLE	P COMPAGNIONE ANTHONY	☐ DELETE	1.1 TITLE		
NAME	COMPAGNONE, ANTHONY		1.2 NAME		
STREET ADDRESS	3862 SHERIDAN STREET		. 1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	☐ DELETE	1.4 CITY-ST-ZIP	_	Change Addition
TMLE	ST DODOTHY M	□ DELEIE	2.1 TITLE		
NAME	HILL, DOROTHY, M. 3862 SHERIDAN STREET		2.2 NAME	•	
STREET ADDRESS	HOLLYWOOD FL		A A ATTECT ADDDCOO		
CITY-ST-ZIP	HOLLIWOOD FL		2.3 STREET ADDRESS		
TITLE			2 4 CITY-ST-ZIP		☐ Change ☐ Addition
		☐ DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME CTREET ADDRESS		☐ DELETE	2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	<u>.</u>	Change Addition
STREET ADDRESS CITY-ST-ZIP		☐ DELETÉ	2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	· ,	Change Addition Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE			2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4.CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE NAME			2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4.CITY-ST-ZIP 4.1 TITLE 4.2 NAME		
STREET ADDRESS CITY-ST-ZIP TITLE NAME			2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition

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 on on an attachment with an address, with all other like empowered.

SIGNATURE: