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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700001687 (9)

	ERSIFIED REALTY CORF					
Principal Place of Business Mailing Address						
310 MADISON AVE STE. 1422 NEW YORK NY 10017		310 MADISON AVE ST NEW YORK NY 10017	310 MADISON AVE STE. 1422 NEW YORK NY 10017		DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified 04/02/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
26					13-3621113	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State				B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zφ	Countr	У	8. This corporation owes or has paid the	
4	25	29	30		Personal Property Tax due June 30.	Yes No
	 9. Name and Address of Cu UMBERGEXCELSIOR CORPO 		8	1 Name	10. Name and Address of New Register	ed Agent
4435 OLD WINTER GARDEN ROAD * ORIGANDO FL 32802			6:	82 Street Address (P.O. Box Number is Not Acceptable) 83		
			84			L 85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607 egistered agent, or both, in the Sim familiar with, and accept the o	0502 and 607 1508, Ftorida Statut tate of Florida. Such change was a bligations of, Section 607.0505, Flo	es, the abor authorized to orida Statuto	ve-named co by the corpora os.	rporation submits this statement for the purposi alion's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	Stonature, type of re-proded marrie of registere	d agest and little d'applie able. (NOTI	L. Augistered A	gent signature req	uired when reinstating) DATI	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TITLE			Change Addition
NAME	STROUGO, JOHN C		1.2 NAME			
STREET ADDRESS			1.3 STREE	T ADORESS		
CITY-ST-ZIP	NEW YORK NY 10017		1.4 CITY-	\$1-7IP		
TITLE	SD DELETE		2.1 TITLE			Change Addition
NAME	STROUGO, CAROL		2.2 NAME	:]		
STREET ADDRESS	310 MADISON AVE STE	. 1422	2.3 STREE	1 ADDRESS		
CITY - ST- ZIP	NEW YORK NY 10017		2 4 CITY			
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME	·		
STREET ADDRESS			3.3 STREE	1 ADDRESS	•	

6.4 CITY-ST-ZIP
14. Thereby 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 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 completation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

3.4. CITY - \$1 - ZIP

4.3 STREET ADDRESS 4.4 City-ST-Zip

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.1 TITLE

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

NAME

TITLE

NAME

5/5/98 (212)617-6500

Change

Change

Addition

Addition

FILED

May 21 1998 8:00am

Secretary of State