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→ PROFIT CORPORATION, ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G51753

EMPIRE REALTY OF PINELLAS, INC.

Principal Place of Business	Mailing Address			Dit Bibit bibit bibit bibit bibit isbi
2189 CLEVELAND ST	2045 EAST BAY DRIVE			
STE 206	SUITE 706	•		
CLEARWATER FL 33765	LARGO FL 33711		DO NOT WRITE IN T	HIS SPACE
us	US		3. Date Incorporated or Qualifed	}
			07/28/1983 4. FEI Number	Applied Co.
2. Principal Place of Business	2a, Mailing Address		59-2443150	Applied For Not Applicable
21 Suite Ant # ata	Suite, Apt. #, etc.	<u></u>	39-2443 130	\$8.75 Additional
Suite, Apt. #, etc.	27		5. Certifcate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip ·	Country	8. This corporation owes the current year	r Intangible
24 25	29 3	;0	Personal Property Tax.	☐ Yes 🌠 No
9. Name and Address of Currer			10. Name and Address of New Registe	red Agent
	•	81 Name	INIZZARO JOSE	zρu Ì
CANNIZZARO, JOSEPH		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
19823 GULF BLVD.		2189	1 CLEURLAND S	+ #204
#10 INDIAN SHORES FL 34635		83	,	
INDIAN SHORES FL 34635	•	84 City		85 Zip Code
1 18 7 0 1	•			FL 33765
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpos	e of changing its registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations.	of Florida. Such change was autorising of, Section 607.0505, Florid	nonzed by the corporational statutes.	on's board of directors. Thereby accept the a	- I special as registered
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligs	- JOSEPH PANI	V122410	4/2	6/99
SIGNATURE Afgnature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	V / 224/0 Registered Agent signature required	d when reinstating) 4/2	6/99
SIGNATURE Organiture, typed of printed name of registered age 12. OFFICERS AN	nt and title if applicable. (NOTE: R	V 122410 Registered Agent signature required 13.	4/2	S AND DIRECTORS IN 12
SIGNATURE Officers and officers	nt and title if applicable. (NOTE: R	V / 22 A LO tegistered Agent signature requirect 13. 1.1 TITLE	d when reinstating) 4/2	6/99
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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 the address, with all other like empowered.

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90040 039 ***150.00