

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H48144

1. Corporation Name

KATLAN REALTY, INC.



FILED

99 SEP 10 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

5599 BABCOCK ST. N.E.  
PALM BAY FL 32907

Mailing Address

5599 BABCOCK ST. N.E.  
PALM BAY FL 32907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1985

4. FEI Number

59-2529801

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

KATLAN, PAUL  
5599 BABCOCK ST. N.E.  
PALM BAY FL 32907

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

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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STREET ADDRESS

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)



## **BREVARD CHIROPRACTIC CLINIC**

**Demetrios J. Athans, D.C.**

2

February 1, 1999

Allstate Medical Adjusters  
Attn: Awilda Luberza  
1211 Semoran Blvd. Ste. 195  
Orlando, FL 32707

RE: Paul Katlan  
Claim Number. 6153531576

Mr. Katlan is currently be treated in my office as a result of an automobile accident on 11/9/98.  
Mr. Katlan has notified me he is limited to working approximately two hours per day because of  
his condition.

In Health,

Demetrios J. Athans, D.C.

3



**Realty, Inc.**

*Land Specialists and Real Estate  
Marketing Consultants*

Licensed Real Estate Broker

5599 Babcock St. NE  
Palm Bay, FL 32907  
(407) 676-0998

August 23, 1999

**Reinstatement Office  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
Annual Report Section  
PO Box 6327  
Tallahassee, Florida 32314**

**Dear Ms:**

Enclosed, please, find check in the amount of \$150.00, as per instructions given to me by phone on August 23, 1998, for the reasons stated below.

Due to a serious injury I sustained last year in a car accident I was unable to work full time until recently, thus reducing my income to almost nothing for many months. See verification from attached copy of Dr. Athans letter, my Chiropractic Physician, who submitted this report to Allstate on my behalf.

Also, as a Real Estate Broker I am working by myself, from my house, without having other agents working for me, thus making it impossible to earn additional income when I am incapacitated.

I ask you kindly once again to waiver the penalty due to filling late.

Thank for your consideration and should you have any questions concerning the filling of this document, please call me at (407) 676-0998.

Sincerely

Paul Katlan