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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1997 8:00am

Secretary of State

Daytime Phone # 0104441

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H85769

appears in Block 12 or Block 13 if

**SIGNATURE:** 

(8)

TEN-ARLEIGH REALTY CORP. OF FLORIDA

Principal Place	e of Business	Mailing Address	Mailing Address				å idalitit didt fieldt dette tilbett blein fein dente mint ditte metr dente dente dente					
% Walter J. Gatti 2060 South Patrick Drive Indian Harbour Beach Fl. 32837			% Walter J. Gatti 2000 South Patrick Drive Indian Harbour Beach Fl 32937-4419									
							ate Incorporat 1/18/1985	ed or Qualified		ate of Last R 12/1996	eport	
<del></del>	iace of Business	2a. Mailing Address					El Number 59-2605598	)			plied For	
21	H oto	Suite, Apt. #, etc.	<del></del>				09.5000000	)	<del></del>		t Applicable	
Suite, Apt	#, etc	27 Suite, Apr. #, etc.				5. C	Certificate of St	atus Desired		<b>\$8.75</b> / Fee Re		
City & State	e	City & State	<del></del>		<del></del>		Inction Compa	ian Einanoina			···	
23		<b>├</b>	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution					
Zip	Country	Zip	C	ountry				has liability for	intangible	tax under s	199.032,	
24	25	29	30				lorida Statutes		] Yes [			
	g. Name and Address of Curre	nt Registered Agent				10. N	lame and Add	iress of New Re	gistered	Agent		
GAT	n, walter J.			81	Name							
	SOUTH PATRICK DRIVE					treet Address (P.O. Box Number is Not Acceptable)						
INDIA	AN HARBOUR BEACH FL 32937	7										
				83								
				84	City				FL	<b>85</b> Zip (	Code	
	10	00		1			andraulas deis sa	-1		•	o raniotornal	
office or c agent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m fanilliar with, and accept the oblig	uz and 607.1508, Florida Stat e of Florida Such change was gations of, Section 607.0505, I	authoria Florida Si	ed by tatutes	the corp s.	corporation s poration's box	ard of directors	s. I hereby acce	pt the app	pointment as	registered	
SIGNATURE	Sturiature, Typed or protect name of registered ag	wer and title Canadaable (No	OF Runista	red Ans	ol signature	required when re	enstation)	······································	DATE	<del></del>		
12.		ND DIRECTORS	13		a a organization of			NGES TO OFFI		DIRECTOR	IS IN 12	
TOLE	DP	DELETE		TITLE	<u>-</u> Y					Change	Addition	
NAME	GATTI, WALTER J.		1.2	NAME	ļ							
STREET ADDRESS	2060 S PATRICK DR	•	1.3	STREET	ADDRESS	i						
CITY - S1 - ZIP	INDIAN HBR BCH FL		14	CITY-S	T-ZIP							
TITLE	VST	☐ DELETE		TITLE						☐ Change	Addition	
NAME	GATTI, DORORTHEA		2.2	NAME								
STREET ADDRESS	2060 S. PATRICK DR.		2.3	STREET	ADORESS		•					
CITY - ST - ZIP	INDIAN HARBOUR BCH., F		2.	4 CITY-S	ST-ZIP							
THLE		☐ DELETE		TITLE			***************************************			Change	Addition	
NAMé			3.2	NAME					• 14			
STREET ADDRESS			3.3	STREET	ADDRESS							
City - St - ZIP			3.4	CITY-S	ST-ZIP							
THLE		☐ DELETE	4.1	TITLE						Change	Addition	
NAME			4.	2 NAME							•	
STREET ADDRESS			4.3	STREET	ADDRESS					•		
City-St-7IP			4.4	CITY-S	ST-ZIP	1.						
TITLE		DELETE	5.1	TITLE	: -					Change	Addition	
NAME			5.2	NAME								
STREET ADDRESS			5.3	STREET	ADDRESS							
CITY - ST - 7/P			5.4	CITY-S	ST-ZIP					···		
TITLE		DELETE	6,1	TITLE						Change	Addition	
NAME			6.2	NAME	- 1							
STREET ADDRESS			6.3	STREET	ADDRESS	;						
one or an	1		6.	LOWY C	חוק די					•		

14. If do 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 for the receiver or invested empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name