

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J02712

(4)

1. Corporation Name

ELAINE DEVELOPMENT, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 30 AM 8:25

Principal Place of Business

**1110 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131**

Mailing Address

**1110 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1986

3a. Date of Last Report

04/06/1994

4. FEI Number

59-2649775

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVINE, ROBERT J.
1110 BRICKELL AVENUE
7TH FLOOR
MIAMI FL 33131**

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 of agent or printed name of registered agent and title if applicable

Signature of Registered Agent (signature required when appointing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	LEVINE, ELAINE R.
STREET ADDRESS	1110 BRICKELL AVE 7TH FL
CITY ST ZIP	MIAMI FL
TITLE	S
NAME	LEVINE, ROBERT J.
STREET ADDRESS	1110 BRICKELL AVE 7TH FL
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY ST ZIP	
5 TITLE	☐ Change ☐ Addition
6 NAME	
7 STREET ADDRESS	
8 CITY ST ZIP	
9 TITLE	☐ Change ☐ Addition
10 NAME	
11 STREET ADDRESS	
12 CITY ST ZIP	
13 TITLE	☐ Change ☐ Addition
14 NAME	
15 STREET ADDRESS	
16 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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:

Elaine R. Levine, Pres

3/27/95

538-6262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number