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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # J59575**

1. Corporation Name

LYDADE REALTY, INC.

FILED Mar 29, 1999 8:00 am Secretary of State
03-29-1999 90063 004 ***150.00

Principal Place of Business Mailing Address							
2131 HOLLYWOOD BLVD 2131 HOLLYWOOD BLVD					}		
SUITE 505 SUITE 505					D. A. 110 T. 110 T. 110 O. D. 10 T.		
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020					DO NOT WRITE IN THIS SPACE		
]	•				3. Date Incorporated or Qualifed 02/24/1987		
L	48	D. Marillan Address					
2. Principal Place of Business		<u> </u>	2a. Mailing Address		[		
21		26			59-6887864 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		
hard			2/				
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip Coun			8. This corporation owes the current year Intangible Personal Property Tax.		
24	25	29 3	0				
<del> </del>	9. Name and Address of Curren	t Registered Agent	81		10. Name and Address of New Registered Agent		
STE	N, ELLIOT D.		101	Name			
ſ	HOLLYWOOD BLVD		82	Street /	Address (P.O. Box Number is Not Acceptable)		
i	E 505		J	ļ			
			83				
) NOL	LYWOOD FL 33020		84	City	85 Zip Code		
<u> </u>	· · · · · · · · · · · · · · · · · · ·		L		FL V		
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							
office or registered agent, or both, in the State of Plonda. Such change was authorized by the collaboration's board of directors. Thereby 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 A				il signature re	equired when reinstating) OATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	ļ	☐ Change ☐ Addition		
NAME	LIEBERMAN, SYLVIA K.		1.2 NAME	- 1			
STREET ADDRESS	3503 OAKS WAY 406		1.3 STREE	ADDRESS			
CITY-ST-ZIP .	POMPANO BEACH FL	·	1.4 CITY-S	7-ZIP			
TITLE		☐ DELETE	2.1 TITLE	- 1	☐ Change ☐ Addition		
NAME			2.2 NAME				
STREET ADDRESS	•		2.3 STREET	FADDRESS			
CITY-ST-ZIP	يها كالمراث المالسونية	شينجين في المراجع المراجع	2.4 CITY-5	T-ZIP -	the contract of the contract o		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME			3.2 NAME	j	ļ		
STREET ADDRESS			3.3 STREE	raddress i			
CITY-ST-ZIP			3.4. CITY - S		1		
TITLE	<u> </u>	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME	3		4. 2 NAME	ŀ			
STREET ADORESS	70			ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	1			
TITLE		DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME	J			
STREET ADDRESS			•	TADDRESS			
			5.4 CITY-S	J			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
TITLE			6.2 NAME	- 1			
NAME				raddress (			
STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-S	1-ZP			

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 attackment with an address, with all other like empowered.

SIGNATURE:

March 25, 1999- 954 979 5475