SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPO 1997	ORT	Secretary of State DIVISION OF CORPORATIONS			Secretary of State				
DOCU 1. Corporatio			6 (2)							
E.L.M.	REALTY, I	NC.					# 2000/110 DELIC TOUR 11000 1000 DELIC			
Principal Place of Business Maiting Address										
1 SE 3RD AV	/ENUE		1 SE 3RD AVENUE							
SUITE 1500			SUITE 1500			DO NOT MOUT	IN THUO OD	1.05		
MIAMI FL 33131 US			MIAMI FL 33131 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report				
00			ŲŞ				· ·			•
2. Principal P	lace of Busin	oss	2a. Mailing Address					-1 05/0)1/ <mark>1996</mark> A	pplied For
21			26				65-0006108		N	ol Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				6. Certificate of Status Desired			Additional
22 City & Stat			City & State							equired
23	.0		28				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip		Country	Zip	Cou	intry		This corporation owes or has particular than the particular t	······		
24		25	29	30	-		Porsonal Property Tax due June			No
	9. Name	and Address of Curre	nt Registered Agent		-:1		10. Name and Address of New Re	gistered Ag	ent	
	ssing, ell	IOTT			81	Name				
2 GROVE ISLE DRIVE					82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
					63					· · · · · · · · · · · · · · · · · · ·
MIA	AMI FL 3313	3			0.5					
					84	City		FL	85 Zip	Code
11. Pursuant	to the provisi	ons of Sections 607.050	02 and 607.1508, Florida Statu	ites, the al	bove	-named cor	poration submits this statement for the		hanging i	ts registered
office or r	registered ag	ont, or both, in the State	e of Florida Such change was jations of, Section 607.0505, F	authorize	d by	the corpore	poration submits this statement for the pation's board of directors. I horeby acce	pt the appoir	ntment as	registered
SIGNATURE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, and adopt in don't	,	ioned old						
	Signature, typied	or printed name of registered ag			d Ager	ıl signalure requ	rred when reinstaling)	DATE		
12.	862	OFFICERS AN	ID DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	PST	CUOTT	☐ percet	1110				L.	Change	Addition
NAME Street Address		B, ELLIOTT ISLE DR #1010		1.2 N/		1000000				
CITY-ST-ZIP	MIAMI FI				TY-ST	ADDRESS				
TITLE	D	L	DELETE	2.1 TI					Change	Addition
NAME		3, ELLIOTT		2.2 N/	AME			-	_ •	
STREET ADDRESS		ISLE DR #1010		2.3 S1	IREET A	ADDRESS				
CITY-ST-ZIP	MIAMI FL			2.4 C	(TY-SI	r - 71P				
THLE			DELETE	3.1 TI	TLE				Change	Addition
NAME				3.2 N/	AME					
STREET ADDRESS				3.3 ST	reet A	ADDRE\$S				
CITY-ST-ZIP			LJULIETE		ITY-SI	1-21P			T 755	1 1 4 4 4 2 2 4 4
TITLE			DELETE	4.1 10				L	_ Change	Addition
NAME STREET ADORESS				4.2 N		Donne ee				
CITY-ST-ZIP						ADDRESS				
TITLE			DELETE	5.1 TI	TY-ST Tue	-zir			Change	Addition
NAME				5.2 N						
STREET ADDRESS				5.3 ST	REET A	ADDHESS				
CITY-ST-ZIP					TY-ST					
TITLE			DELETE	6.1 TI			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Change	Addition
NAME				6.2 NA	AME					
STREET ADDRESS				6.3 \$1	REET A	ADDRESS				
CITY-ST-ZIP	•			64 CF	TY-SI	- 719				

14. I 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 supplicipantal 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 combination or the resulting or flustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if grantied for or are flustration with a didness.

FILED

Jul 31 1997 8:00am