

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

FILED  
Apr 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J92836 (2)  
1. Corporation Name  
E.L.M. REALTY, INC.

Principal Place of Business  
1 SE 3RD AVENUE  
SUITE 1500  
MIAMI FL 33131  
US

Mailing Address  
1 SE 3RD AVENUE  
SUITE 1500  
MIAMI FL 33131  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/17/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0006108	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MESSING, ELLIOTT APT. #1010 2 GROVE ISLE DRIVE MIAMI FL 33133		10. Name and Address of New Registered Agent 81 Name ELLIOTT MESSING 82 Street Address (P.O. Box Number is Not Acceptable) 83 1 SE 3RD AVE SUITE 1500 84 City MIAMI FL 85 Zip Code 33131	
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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 agree to the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Elliot Messing* DATE 3/30/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSING, ELLIOTT	1.2 NAME	
STREET ADDRESS	2 GROVE ISLE DR #1010	1.3 STREET ADDRESS	1 SE 3RD AVE #1500
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FLA 33131
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSING, ELLIOTT	2.2 NAME	
STREET ADDRESS	2 GROVE ISLE DR #1010	2.3 STREET ADDRESS	1 SE 3RD AVE #1500
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FLA 33131
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Elliot Messing, Pres* DATE 3/30/98 305-374-4118

CR2E034 (10/97)