## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J98

J98772

(3)

D.J.E. REALTY LIMITED, INC.

## FILED Sep 24 1998 8:00am Secretary of State

Principal Plac	e or business	Mailing Address							
2407 CYPRESS	GARDENS BLVD.	2407 CYPRESS GARDENS BLVD.							
WINTER HAVEN	N FL 33880	WINTER HAVEN FL 33880				DO NOT WRITE IN THIS SPACE			
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						10/26/1987	<del></del> ,		
<u> </u>	2. Principal Place of Business 2a. Mailing Address					4. FÉI Númber			
21		26				58-1759669	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e	City & State				6. Election Campaign Financing	\$	5.00 May Be	
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	у		8. This corporation owes or has paid the cu	rrant ve	ar Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curren					10. Name and Address of New Registered	Agent		
TDIA	NT, <b>Ma</b> tina		81	1	Name				
				1					
	CYPRESS GARDENS RD.		82 Street Add			dress (P.O. Box Number is Not Acceptable)			
WIN	TER HAVEN FL 33884		83	1					
			0.	1					
			84	4	City		85	Zip Code	
				T		<u> </u>			
11. Pursuant	to the provisions of sections 607.0502	2 and 607.1508, Florida Statu	ites, the above	e-n	named corpor	ration submits this statement for the purpose of c on's board of directors. I hereby accept the appo	h <b>ang</b> ing	g Its registered	
agent. I a	em familiar with, and accept the obliga	ations of, section 607.0505, I	Florida Statute	95.	ile corporatio	one board of directors, a floreby accept the appe	ili i i i i i i i i i i i i i i i i i i	t as registered	
SIGNATURE	, ,								
					ent signature requ	re required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE	1.1 TITLE					nange 🔲 Addition	
NAME	ELIAS, DEMETRIOS J		1.2 NAME					-	
STREET ADDRESS				T A	ADDRESS				
CITY-ST-ZIP	NEW YORK NY 1.4 CR			ST-Z	Ž(P				
TITLE	S	DELETE	2.1 TITLE		-t-		C	nange Addition	
NAME	GOLIAS, MARIA		2.2 NAME				٠.	Lange C Tracker	
STREET ADDRESS	19 OLD STABLE RD.				ADDRESS				
						,			
CITY-ST-ZIP	DEMAREST NJ	[]	2.4 CITY-S 3.1 TITLE	_	IIP		T c		
TITLE		DELETE					ات ليا	nange L Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE		ı				
CITY-ST-ZIP			3.4 CITY-S		<u>!IP</u>		<del></del>		
TITLE		DELETE	4.1 TITLE		1		L CI	nange Addition	
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREE	T AI	.DDRESS				
CITY-ST-ZIP			4.4 CITY-S	\$1-Z	žIP				
TITLE		DELETE	5.1 TITLE				C	nange Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TAI	DDRESS				
CITY-ST-ZIP			5.4 CITY-S						
TITLE		DELETE	6.1 TITLE	_			C	nange Addition	
		[] DELETE					ال ليسا	isingo L_J Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE						
CITY-ST-ZIP			6.4 CITY-S	T-Z	IP				

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 path; 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.

MARCHAROLITA & OFFICE PS . C.

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