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FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K03028

(3)

1. Corporation Name

EASTERN REAL PROPERTY INC.

Principal Place of Business

RR 4 BOX, 4452  
DRUMS PA 18222  
US

Mailing Address

RR 4 BOX 4452 N/A  
DRUMS PA 18222-9442  
US



3. Date Incorporated or Qualified  
11/20/1987

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 1000 CRAWFORD PLACE

2a. Mailing Address

26 1000 CRAWFORD PLACE

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

23 MOUNT LAUREL, NJ

City & State

28 MOUNT LAUREL, NJ

Zip

24 08054

Country

25 USA

Zip

29 08054

Country

30 USA

4. FEI Number

59-2859407

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MCNAMARA, THOMAS P.  
4100 BARNETT PLAZA  
101 EAST KENNEDY BLVD.  
TAMPA FL 33802

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME SKUBA, WILLIAM C.  
STREET ADDRESS ROUTE 309 NORTH BOX 4452 N/A  
CITY-ST-ZIP DRUMS PA ☒ DELETE

TITLE T  
NAME KRZEMIEN, GREGORY  
STREET ADDRESS ROUTE 309 NORTH BOX 4452 N/A  
CITY-ST-ZIP DRUMS PA ☐ DELETE

TITLE V  
NAME FIORAVANTE, MICHAEL  
STREET ADDRESS ROUTE 309 NORTH BOX 4452 N/A  
CITY-ST-ZIP DRUMS PA ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESENT  
1.2 NAME PAOLINO, LOUIS ☐ Change ☒ Addition  
1.3 STREET ADDRESS 1000 CRAWFORD PLACE  
1.4 CITY-ST-ZIP MOUNT LAUREL, NJ 08054

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE VECE PRESENT  
3.2 NAME PATRICK, TERRY ☐ Change ☒ Addition  
3.3 STREET ADDRESS 1000 CRAWFORD PLACE  
3.4 CITY-ST-ZIP MOUNT LAUREL, NJ 08054

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/97 609-235-6009

CR2E034 (9/96)