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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **L88305**

1. Corporation Name

CALATCHI REALTY & TRUST CORP.

Principal Place	e of Business	Maili	ng Address								
3500 GATEWAY DRIVE		4116	4116 W PALM AIRE DRIVE								
SUITE 201			SUITE 161B								
POMPANO BEACH FL 33069			POMPANO BEACH FL 33069				DO NOT WRITE IN THIS SPACE				
บร		US						orporated or Qualifed			
	<u> </u>						07/23/				
<ol><li>Principal Pl</li></ol>	lace of Business	2a. M	failing Address				4. FEI Num				pplied For
21		26	26				65-021	<u>8744                                   </u>		l N	ot Applicable
Suite, Apt.	#, etc.	S	uite, Apt. #, etc.				5 Cortifort	e of Status Desired			Additional
		27					5, Certificate	e ui Status Desileu	ш	Fee R	equired
City & State		, (	City & State				6. Election	Campaign Financing		\$5.00	May Be
23	ر مسید است. ا	28						nd Contribution	□		to Fees
Zip	Country	Z	ip	Cou	intry		R This core	oration owes the cur	rent year Int	tangible	
24	25	29		30			1 '	Property Tax.	,	Yes	□No
24	9. Name and Address of Curren	]]		<del>••</del>				nd Address of New	Registered	Agent	
	g. Hamb and Haarbas at Carre				81	Name					
CALA	ATCHI, RALPH F.										
	W. PALM AIRE DRIVE, #161B					Street Addre	ess (P.O. Box N	lumber is Not Accept	able)		ì
	PANO BEACH FL 33069				83						
	I AND BEACH I E 00003				83						
	•				84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607	.1508, Florida Statute	s, the a	bove	-named corpo	oration submits	this statement for the	purpose of	changing its	s registered
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. ations of, S	Such change was au ection 607.0505, Flori	ithorized ida Stati	l by I utes.	the corporatio	on's board of dir	ectors. I nereby acce	pt the appo	intment as re	egisterea
SIGNATURE									DATE		
				Devictored	Agent	t rionature requirer	d when reinstaling)				
			<del></del>	_	Agent	t signature required		IS/CHANGES TO OF		ND DIRECTO	ORS IN 12
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP