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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M85326 1. Corporation Name

112 WEST ADAMS REALTY CORPORATION

Principal Place of Business		Mailing Address	Mailing Address				- 1 10010001001110111011	I m 4£ 0 m (101 4 (1)	isk dig binji n	1811 81811 81811 9	ITBIA BIBIA ABBI
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34-09 QUEENS BLVD.			34-09 QUEENS BLVD.				DO NOT WRITE IN THIS SPACE				
LONG ISLAND CITY NY 11101		LONG ISLAND CITY	LONG ISLAND CITY NY 11101				3. Date Incorporated or Qualified				
							06/14/1988	or Goained			
2 Principal P	lace of Business	2a. Mailing Addres					4, FEI Number			An	plied For
<u> </u>	lace of business	26	3		-		58-1794599				t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.							. \$8.75		
22		27				5. Certifcate of Status	Desired		Fee Re		
City & State		City & State				6. Election Campaign	Financing		\$5.00	May Be	
23		28					Trust Fund Contrib	_		Added t	· 1
Zip	Country	Zip		Country			8. This corporation ov	ves the cur	ent year in	angible	
24	25	29	30				Personal Property			Yes	□No.
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address	s of New I	Registered	Agent	_
		OTEM 1110		81	Nam	ie					
	NTICE-HALL CORPORATION SYS	STEM, INC.		82	Stre	et Addres	ss (P.O. Box Number is I	Not Accepta	able)		
	NORTH MAGNOLIA STREET										
IALL	_AHASSEE FL 32301			83							
				84	City					85 Zip (Code
					*				FL	<u> </u>	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida	Statutes, t	the above	e-name	ed corpor	ration submits this staten	nent for the ereby acce	purpose of	changing its	registered (aistered
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agent. I a	ım iamıllar with, and accept the obliga	alions of, Section 607.00	U5, Florida	Statutes.							
agent. I a					•						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable		gistered Agen	•	re required	when reinstating)	SEC TO OF	DATE	ID DIDECTO	DS IN 12
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable	(NOTE: Regi	jistered Agen	•	re required	when reinstating) ADDITIONS/CHANG	SES TO OF			
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN OP SANI, LAL	ent and title if applicable	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME	nt signatu			GES TO OF			
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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 if 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 rusting 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 appears in the rusting of the corporation of the corporatio

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP