

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 13 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **N95000005630 (7)**

1. Corporation Name

**L.F. CLEVELAND REALTY CORPORATION**

Principal Place of Business

Mailing Address

**905 18TH STREET, N.W.  
WASHINGTON DC 20006-1765**

**C/O ULLICO INC., ATTN: MORT. & REAL EST.  
111 MASS. AVE N.W.  
WASHINGTON DC 20001**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**11/27/1995**

4. FEI Number

**31-1460048**

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**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

**Thomas C Perkins, The Union Labor Life Insurance Co.**

It's authorized Agent

**2/5/98**

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	BEARSE, MICHAEL S	
STREET ADDRESS	905 18TH STREET, N.W.	
CITY - ST - ZIP	WASHINGTON DC 20006-1765	
TITLE	D	DELETE
NAME	FISCHER, GEORGE J	
STREET ADDRESS	905 18TH STREET, N.W.	
CITY - ST - ZIP	WASHINGTON DC 20006-1765	
TITLE	D	DELETE
NAME	WARREN, MASON M	
STREET ADDRESS	905 18TH STREET, N.W.	
CITY - ST - ZIP	WASHINGTON DC 20006-1765	
TITLE	D	DELETE
NAME	VINALL, R P	
STREET ADDRESS	905 18TH STREET, N.W.	
CITY - ST - ZIP	WASHINGTON DC 20006-1765	
TITLE	D	DELETE
NAME	CAVALLARO, ALFRED A	
STREET ADDRESS	905 18TH STREET, N.W.	
CITY - ST - ZIP	WASHINGTON DC 20006-1765	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

It's Authorized Agent **2/5/98**  
**Thomas C Perkins, The Union Labor Life Insurance Company, 202-962-8423**

CR2E037 (10/97)