## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

EGR EQUITIES COR Moster Equities Corp.

Mailing Address

## FILED Apr 22 1998 8:00am Secretary of State



2295 SOUTH OCEAN BLVD. 2295 SOUTH OCEAN BLVD. PALM BEACH FL 33480 PALM BEACH FL 33480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/30/1989 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 13-5620907 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. ☐ Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROSENBLATT, E G 2295 \$ OCEAN BLVD 62 Street Address (P.O. Box Number is Not Acceptable) PH-1 83 PALM BCH FL 33480 84 City 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. J am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of regellered agent and title diapplicable (NCITE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE PD 11 THUE NAME ROSENBLATT, E.G. 1.2 NAME 2295 S. OÇEAN BLVD. STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE PANZIER, IRA 2.2 NAME **558 LONGACRE ACE** STREET ADDRESS 2.3 STREET ADDRESS **WOODMERE NY** CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7(P ☐ DELETE 5.1 TITLE Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP 00002496 DELETE Addition TITLE 6.1 TITLE -04/22/98--01083--006 NAME 6.2 NAME \*\*\*150.00 STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-7IP

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 13 if changed, or on an attructiment with an adoption.