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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000014136

1. Corporation Name CLARIDGE REALTY, INC.

Principal Place of Business

19700 BEACH RD. TEQUESTA FL 33469 US

Mailing Address

19700 BEACH RD. TEQUESTA FL 33469 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1992

4. FEI Number

65-0377573

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 owes the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business

21 8000 HIGHWAY A1A

Suite, Apt. #, etc.

2a. Mailing Address

26 8000 HIGHWAY A1A

Suite, Apt. #, etc.

22 City & State

23 VERO BEACH, FL

27 City & State

28 VERO BEACH, FL

24 Zip Country

32963-4216 USA

29 Zip Country

30 32963-4216 USA

9. Name and Address of Current Registered Agent

SIMPSON, R. MASON 19700 BEACH ROAD JUPITER ISLAND FL 33469

10. Name and Address of New Registered Agent

81 Name

Philippe Jeck, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Jeck, Harris & Jones, LLP

83

1061 E. Indiantown Rd, Suite 400

84

City

Jupiter

FL

85

Zip Code

33477

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

Philippe Jeck, Esquire

(NOTE: Registered Agent signature required when reinstating)

1/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D NAME SIMPSON, MASON STREET ADDRESS 25 SADDLE BACK ROAD CITY-ST-ZIP TEQUESTA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/S/D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Tequesta, FL 33469

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

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

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

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

6.1 TITLE 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 indicated on this annual report or supplemental annual report is true and accurate and that my signature as officer or director of the corporation or the receiver or trustee empowered to execute this report as required in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

19.07(3)(i), Florida Statutes. I further certify that the information has the same legal effect as if made under oath; that I am an officer or director of the corporation as required in Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

R. Mason Simpson, President

Date Daytime Phone #

CR2E034 (1/98)