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

PROFIT CORPORATION ANNUAL REPORT

1997

THILE

NAME

STREET ADDRESS

COTY - \$1 - 7/P



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1997 8:00am

Secretary of State

Change

Addition

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000012352 (9)

ELITE REALTY GROUP OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business Mailing Address 3500 W. WATERS AVE., #100 3500 W. WATERS AVE., #100 TAMPA FL 33614-2716 **TAMPA FL 33614** 3a. Date of Last Report 3. Date Incorporated or Qualified 02/12/1993 11/12/1996 2. Principal Prace of Business 2a. Mailing Address 4. FFI Number Applied For 59-3164500 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GRECO, FRANK J ESQ 1715 N. WESTSHORE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **STE 750** 83 **TAMPA FL 33607** 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. 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TILLE PAZ, WILLIAM F 1.2 NAME R2E034 NAME 8312 FLOWERFIELD DRIVE 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33615** CifY-St-Zi∂ 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MANISCALCO, ANTHONY F NAME 2.2 NAME 10908 BRIDLE PL STREET ADORESS 2.3 STREET ADDRESS TAMPA FL 33626 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition THUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY ST-70 DELETE Change Addition 4.1 TITLE THUE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST ZIP

DELETE

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4/30/97

14. I do 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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this people as required by Chapter 607, Florida Statutes; and that my name