


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

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**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90013 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000034497**

1. Corporation Name  
**PILON REALTY, INC.**

Principal Place of Business 400 CLEMATIS ST SUITE 205 WEST PALM BEACH FL 33401 US	Mailing Address 87 VIA MIZNER PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 925 Algaringo Ave
22 City & State	27 Coral
23 Zip	28 CORAL GABLES FL
24 Country	29 33134 30 U.S.A.

3. Date Incorporated or Qualified 05/12/1993	4. FEI Number 65-0418169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 - May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**WEISS, LORI**  
 % STEARNS WEAVER MILLER, ET AL  
 200 EAST BROWARD BLVD., #1900  
 FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name LUCIA DESIDERIO MESKE
82 Street Address (P.O. Box Number is Not Acceptable) 925 ALGARINGO AVE
83
84 City CORAL GABLES FL 85 Zip Code 33134

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 *Lucia Desiderio Meske* LUCIA DESIDERIO MESKE 3/22/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DESIDERIO, LUCIA	
STREET ADDRESS	5596 M OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MESKE, LUCIA DESIDERIO (SEE ATTACHED MARRIAGE CERT.)
1.3 STREET ADDRESS	925 ALGARINGO AVE.
1.4 CITY-ST-ZIP	CORAL GABLES FL 33134
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lucia Desiderio Meske* REQUIRED 3/22/99 (305) 444-4199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1.1/98)

P93000034497  
284125 90013.19

APPLICATION NO. 97-001566 M

FLORIDA MARRIAGE RECORD

APR-22-1997 10:09am 97-140928  
9756 P9 1331  
DOROTHY HILKEN, CLERK PB COUNTY, FL

GROOM DATA	1 GROOM'S NAME (First, Middle, Last) <b>RANDAL SCOTT MESKE</b>			2 DATE OF BIRTH (Month, Day, Year) <b>FEB 06 1963</b>	
	3a RESIDENCE - CITY, TOWN, OR LOCATION <b>OCEAN RIDGE</b>	3b COUNTY <b>PALM BEACH</b>	3c STATE <b>FL</b>	4 BIRTHPLACE (State or Foreign Country) <b>NE</b>	
BRIDE DATA	5a BRIDE'S NAME (First, Middle, Last) <b>LUCIA MARIELLA DESIDERIO</b>			5b MAIDEN SURNAME (if different) <b>N/A</b>	6 DATE OF BIRTH (Month, Day, Year) <b>MAR 09 1964</b>
	7a RESIDENCE - CITY, TOWN, OR LOCATION <b>OCEAN RIDGE</b>	7b COUNTY <b>PALM BEACH</b>	7c STATE <b>FL</b>	8 BIRTHPLACE (State or Foreign Country) <b>FL</b>	
AFFIDAVIT OF BRIDE AND GROOM	WE THE APPLICANTS NAMED IN THIS CERTIFICATE EACH ON THESE STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND WE HEREBY APPLY FOR LICENSE TO MARRY				
9 GROOM'S SIGNATURE (Sign full name) <i>Randal Scott Meske</i>			13 BRIDE'S SIGNATURE (Sign full name) <i>Lucia Mariella Desiderio</i>		
10 SUBSCRIBED AND SWORN TO BEFORE ME ON <b>APR 08 1997</b>		11 TITLE ISSUING OFFICIAL <b>DEPUTY CLERK</b>	14 SUBSCRIBED AND SWORN TO BEFORE ME ON <b>APR 08 1997</b>		15 TITLE ISSUING OFFICIAL <b>DEPUTY CLERK</b>
12 SIGNATURE OF ISSUING OFFICIAL <i>Judith P. Shover</i>			16 SIGNATURE OF ISSUING OFFICIAL <i>Judith P. Shover</i>		

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS <b>APR 08 1997</b> 17 DATE LICENSE ISSUED <b>MAY 08 1997</b> 18 EXPIRATION DATE		I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA ON <b>April 13, 1997</b> (DATE: MONTH, DAY, YEAR) AT <b>Palm Beach</b> (CITY OR TOWN)	
THIS LICENSE MUST BE USED ON OR BEFORE THE ABOVE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID. 19a SIGNATURE OF PERSON ISSUING LICENSE <i>J.P.S.</i> 19b BY DC <b>JPS</b>		22a SIGNATURE OF PERSON PERFORMING CEREMONY <i>Richard M. Cromie, D.D.</i> 22b NAME OF PERSON PERFORMING CEREMONY (TYPE OR PRINT) <b>Rev. Richard M. Cromie, D.D.</b> 22c TITLE <b>Pastor</b> 22d ADDRESS <b>The Royal Poinciana Chapel 60 Coconut Row Palm Beach, FL 33480</b>	
19c TITLE <b>CLERK OF THE CIRCUIT COURT</b> 20 COUNTY <b>PALM BEACH</b>		23 SIGNATURE OF WITNESS TO CEREMONY <i>Randal Scott Meske</i> 24 SIGNATURE OF WITNESS TO CEREMONY <i>MARIA ANTONIETA PEREZ</i>	
25 DATE RETURNED	26 RECORDED BOOK	27 CLERK OF COURT	

INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.

GROOM	28 RACE <b>WHITE</b>	29 NUMBER OF THIS MARRIAGE <b>01</b>	IF PREVIOUSLY MARRIED SPECIFY 30 - 31 <b>N/A</b>	30 LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) <b>N/A</b>	31 DATE LAST MARRIAGE ENDED <b>N/A</b>
	BRIDE	32 RACE <b>WHITE</b>	33 NUMBER OF THIS MARRIAGE <b>01</b>	IF PREVIOUSLY MARRIED SPECIFY 34 - 35 <b>N/A</b>	34 LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) <b>N/A</b>

HRS Form 743B, Dec 89 (Obsoletes previous editions) This license not valid unless seal of Clerk, Circuit or County Court, appears thereon. AUDIT CONTROL NO. B301178



I certify this document to be a true copy of the record in my office this TWENTIETH day of APRIL, 1998