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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90089 016 \*\*\*150.00

1000		
	P93000036627	<b>\</b>
1. Corporation Name FDWARD .I. SI ATTER	RY REAL ESTATE, INC.	

EDV	VARD	) J. SLATTERY REAL ESTAT	E, INC.							
	:	•								
	i									
Principa	l Place	e of Business	Mailing Address				7 1001100) 112 19100 (1)11 00111 00			
	ORLANDO AVE 325 N. ORLANDO AVE									
COCOA	BEACH FL 32931 COCOA BEACH FL 32931						DO NOT WRI	TE IN THIS	SDACE	
	!					-	3. Date Incorporated or Qualifed	IE IN THIS	SFACE	
						-	05/24/1993			
2 Princ	ipal Place of Business 2a. Mailing Address						4. FEI Number		Api	olied For
2. Princ 21	ipal Mace of Business 2a. Maining Address						59-3183676			Applicable
	! Zuite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75 A	dditional
22	27					İ	5. Certifcate of Status Desired		Fee Re	quired
	& State	State City & State					6. Election Campaign Financing		\$5.00	May Be
23			28				Trust Fund Contribution		Added to	
Zip	i	Country	Zip	Country			8. This corporation owes the curr	ent year Inta	ngible	<b>⊠</b> No
24	!	25	29 30	<u> </u>			Personal Property Tax.			JAS-No
	!	9. Name and Address of Current	Registered Agent	. 81	<b>\$</b> 1		10. Name and Address of New F	Registered A	vgent	
	GEN	SLER, MICHAEL P		181	Name	3				
		N. ORLANDO AVE		82	Street	t Addres	s (P.O. Box Number is Not Accepta	able)		
		OA BEACH FL 32931		83						
				63						
i i	ĺ			84	City			FL	85 Zip C	Code
		to the provisions of Sections 607.0502	and 607 1509. Elarida Statutos	the above	n.name/	d corpor	ation submits this statement for the		hanging its	registered
) offic	ce or r	edistered agent, or both, in the State o	' Florida. Such change was autr	iorized by	the corp	poration	s board of directors. I hereby accep	pt the appoin	tment as req	gistered
age	nt.Ia:	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	•					
SIGNAT	ÜRE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	gistered Agen	t signature	regulted w	hen reinstating)	DATE		(
12.	<u> </u>	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN	DIRECTO	RS IN 12
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STREET AD	!			4.3 STREET		S				
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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: Columbia

AND THE PER SIGNING OF PICE AN

2-11-99 (401) 7253341 Date Dayline Phone # \_CR2F034 (11/98)