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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000058312 (8)

E.I.M. REAL ESTATE, INC.

1 1 1 1 1 1 1	E-O-M- 11	iche comme, mo-								
1	Principal Plac	e of Business	Mailing Address							
	6348 OREW RD. VENICE FL 34283		P.O. BOX 3966 VENICE FL 34293-0130 US							
							3. Date Incorporated or Qualified 08/15/1993		Date of Last /21/1996	,
2. Principal Place of Business			2a. Mailing Address			4. FEI Number			Applied For	
	Order And	4 -1-	26				65-0432685			Not Applicable
	22	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					I b. Certificate of Status Hestred I I		Additional Required	
	City & Stat	e	City & State				8. Election Campalgn Financing			O May Be
-	23	Country	28	Coun			Trust Fund Contribution			d to Fees
:-	Zip 24	Country			ıry	8. This corporation has liability for intangible tax unde Florida Statutes X Yes No		s. 199.032,		
•	24		25 29 30 Name and Address of Current Registered Agent			Florida Statutes X Ye 10. Name and Address of New Regist				
1	500			E	1 Name		10, Traile die Adaloss C. Noil 110	Bistorea	Agoin	
		ERTS, GREGORY C		<u> </u>						
341 VENICE AVE W VENICE FL 34285					2 Stree	l Addre	dress (P.O. Box Number is Not Acceptable)			
	AEM	IUC FL 34200		8	3					
: !	*									
]			le le	City			FI	 85 Zi	p Code
Ì	11/ Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statu	ites, the abo	ve-name	d corpo	oration submits this statement for the p	urpose (of changing	its registered
	Office or r	egistered agent, or both, in the m familiar with, and accept the	State of Florida, Such change was obligations of, Section 607,0505, F	authorized Iorida Statul	by the co :es.	rporatio	oration submits this statement for the p on's board of directors. I hereby accep	ot the app	pointment i	as registered
	SIGNATURE									
	OIGHA FORE	Signature, typed or printed name of registr		IF: Registered A	Agent signatu	o require	d when reinstating)	DATE		
	12.			13.			ADDITIONS/CHANGES TO OFFIC	ERS AN		
	TITLE	DPVS	☐ DELETE	1.1 7171.1					Change	e 📙 Addition
	NAME	MOUHOT, E J		1.2 NAM						
	STREET ADDRESS	5348 DREW RD.			ET ADDRESS	1				
1	CITY-ST-ZIP	VENICE FL	DELETE		1.4 CITY-ST-7IP				1 05	
	TITLE	MAINAT E I	[] Defete	2.1 TITLE					[] Change	e LJ Addition
1	NAME STORET ADDRESS	MOUHOT, E J		2.2 NAM	2.3 STREET ADDRESS 2.4 CHY-S1-ZIP 3.1 TIBLE					
ł	STREET ADDRESS CITY ST-ZIP	5348 DREW RD. VENICE FL					•			'
	TITLE	VENICE FL	☐ DELETE						Cnango	e Addition
	NAME			3.2 NAM						,
	STREET ADDRESS				E1 ADDRESS					
ı	CITY-\$T-ZIP				'-\$1-ZIP	1				1
1	TITLE		DELETE	4.1 TITLE		1			Change	e Addition
	NAME			4. 2 NAN	16				_ •	
ı	STREET ADDRESS			4.3 STRE	4.3 STREET ADDRESS					1
ı	CITY-ST-ZIP				4.4 CITY - ST - ZIP					
1	TITLE		☐ DELET <u>E</u>		51 THLE				Change	e Addition
	NAME			5.2 NAME						
	STREET ADDRESS			5.3 STRE	ET ADDRESS					
1	CITY-ST-ZIP			5.4 CITY	- ST - 71P	_}				
	TITLE		DELETE	6.1 1111.6		1			Change	e 🔲 Addition
Į	NAME			6.2 NAM	E	1				
STREET ADDRESS				6.3 S1RE	E1 ADDRESS					
1						1				

I do hereby certify that the information supplied with this filling 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 a requirement of the receiver on an attachment with a requirement of the receiver of the

4.14.97

941-493-2028

FILED

Apr 21 1997 8:00am

Secretary of State