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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 02 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400038758 (6) AURORA REALTY, INC.					1/41 11/1 11/41 11/4 11/4 11/4 11/4 11/
Principal Place of Business Mailing Address				1 (84)(84) (18 (81)) 8/8(1 88)(1 88)(1 88)(1 88)(1	1718) (1817) (188) (188)
1750 N. FLORIDA MANGO ROAD 1750 N. FLORIDA MANGO SUITE 402 SUITE 402			IGO ROAD		
W. PALM BE	ACH FL 33409	W. PALM BEACH FL 33409		DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		05/18/1994 4. FEI Number	Applied For
21		26		65-0531701	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24 '	25 9. Name and Address of Curre	29 at Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
ME	EROLA, JAMES R		81 Name	IV. Harris and Address of 149# Nogistorac	a vilant
* 11380 PROSPERITY FARMS ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 204				areas (1.0. Box Normber is Not Acceptable)	
PALM BEACH GARDENS FL 33410			83		
			84 City	FI	85 Zip Code
11, Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida State	ites, the above-named cor	poration submits this statement for the purpose	of changing its registered
office or r agent. La	egistered agent, or both, in the State im familiar with, and accept the oblig	o of Florida Such change was pations of, Section 607.0505, F	authorized by the corpora Florida Statutes.	poration submits this statement for the purpose alion's board of directors. I hereby accept the ap	ppointment as registered
SIGNATURE					
12,	Signature, typed or printed name of registered ag OFFICERS AN	ont and title if applicable (NC ID DIRECTORS	TE Registered Agent signature requirements 13.		ID DIDECTORS IN 40
TITLE	D/PRES	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	KLÍGLER, LENNARD J				
DEDUCE LEDGERO	REET ADDRESS 2640 GATELY DR. W., SUITE 1302		1.2 NAME		
STREET ADDRESS	The state of the s	E 1302			v
CITY-ST-ZIP	W. PALM BEACH FL 33415		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	W. PALM BEACH FL 33415	E 1302 □ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME	W. PALM BEACH FL 33415 D V P GINSBERG, VICTOR	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE	W. PALM BEACH FL 33415	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	W. PALM BEACH FL 33415 D. V. P GINSBERG, VICTOR 3500 GALT OCEAN DRIVE, 4	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME		Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	W. PALM BEACH FL 33415 D. V. P GINSBERG, VICTOR 3500 GALT OCEAN DRIVE, 4	□ DELETE #1517 D8	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	W. PALM BEACH FL 33415 D. V. P GINSBERG, VICTOR 3500 GALT OCEAN DRIVE, 4	□ DELETE #1517 D8	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 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		
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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 suppliemental 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 officer or director of the corporation of the receiver of the corporation or the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of

6.4 CITY-ST-ZIP

CIGNATURE.

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2/27/60