## 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

## DOCUMENT # P9400077460 1. Corporation Name

LEOPARD REALTY, INC.

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90063 034 \*\*\*158.75



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Principal Place of Business Mailing Address									
10455 N.W. 12T MIAMI FL 33172		10455 N.W. 12TI MIAMI FL 33172	+ STREET						
michini (L 00)/2	<b>-</b>	14111411 1 C 2011 E			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						10/21/1994			
2. Principal P	lace of Business	2a, Mailing Add	Iress			4. FEI Number			Applied For
21		26				65-0532892			Not Applicat
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certifcate of Status Desired	X		5 Additional
22		27					-		Required
City & Stat	e	City & Stat	9			6. Election Campaign Financing			00 May Be ed to Fees
23		28				Trust Fund Contribution			30 to Fees
Zip	Country	Zip		ountry		8. This corporation owes the curre	ent year Inta	angible NYes	□No
24	25	29	30			Personal Property Tax.  10. Name and Address of New R	anistered a		
	9. Name and Address of Curi	rent Registered Agen	·	81	Name	10. Maine and Address of New N	cgiotorca i	-tgc///	
ESS	ERMAN RONALD			١.	14dillo				
ESSERMAN, RONALD 10455 N.W. 12TH STREET				82 Street Address (P.O. Box Number is Not Acc			ble)		
	MI FL 33172	_		83					
IVIIA	WI FL 33172			83					
		_//		84	City		FL	85 Z	ip Code
	to the provisions of Sections 60				L	oration submits this statement for the			ito rogistaro
agent. I a		ions of, Section 607	.0505, Florida S	tatutes	it signature required	n's board of directors. I hereby accept	DATE	4	<del></del>
40		AND DIRECTORS		3.	it aignature required	ADDITIONS/CHANGES TO O	ICERS AN	D DIREC	TORS IN 12
12.	DP SITIOLING			1 TITLE		ADDITIONAL CHARACTER SECTION		Chan	
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filips does not adality 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 toe 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 receive that I am an officer or director of the corporation or the receive that I am an an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation or the receive that I am an officer or director of the corporation of the receive that I am an officer or director of the corporation of the receive that I am an off

6.4 CITY-ST-ZIP

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

MINRED Ronald Esserman

305-477-4001

Daytime Phone #