

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 90009 014 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000004602**

1. Corporation Name
AMERILAND REALTY, INC.

Principal Place of Business
 115 NW 167TH STREET
 STE #300
 N MIAMI BCH FL 33169
 US

Mailing Address
 115 NW 167TH ST
 STE #300
 N MIAMI BCH FL 33169
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
01/19/1995

4. FEI Number
65-0553495

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
FHS CORPORATE SERVICES, INC.
11780 US HIGHWAY ONE STE. 300
THREE GOLDEN BEAR PLAZA
NO. PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name
Saby Behar

82 Street Address (P.O. Box Number is Not Acceptable)
115 NW 167 Street

83 Suite
Suite 300

84 City
North Miami Beach

85 Zip Code
FL 33169

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 Saby Behar DATE 2/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIAS, STEVEN A	1.2 NAME	
STREET ADDRESS	115 NW 167TH ST STE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL 33169	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D, V, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSIN, ROBERTO	2.2 NAME	
STREET ADDRESS	115 NW 167TH STREET STE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL 33169	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D, V, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHAR, SABY	3.2 NAME	
STREET ADDRESS	115 NW 167TH STREET STE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL 33169	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D, V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Bruce R. Jarvis
STREET ADDRESS		4.3 STREET ADDRESS	115 NW 167 Street, Suite 300
CITY-ST-ZIP		4.4 CITY-ST-ZIP	North Miami Beach, FL 33169
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D, V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Granvil Tracy
STREET ADDRESS		5.3 STREET ADDRESS	115 NW 167 Street, Suite 300
CITY-ST-ZIP		5.4 CITY-ST-ZIP	North Miami Beach, FL 33169
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Saby Behar DATE 2/15/99 DAYTIME PHONE # 305-654-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)