

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90075 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000008541

1. Corporation Name
DOWNTOWN REALTY, INC.

Principal Place of Business 14025 OSPREY LINKS ROAD, APT. 372 ORLANDO - FL 32837	Mailing Address 14025 OSPREY LINKS ROAD, APT. 372 ORLANDO FL 32837
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1422 E. Jefferson ST	26 1422 E. Jefferson ST			01/26/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				12-0548362	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23 ORLANDO, FL		28 ORLANDO, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32801		29 Zip 32801		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 Country USA		30 Country USA		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
RUSSONIELLO, JOSEPH G 14025 OSPREY LINKS ROAD, APT. 372 ORLANDO FL 32837		81 Name	Joseph G. Russoniello		
		82 Street Address (P.O. Box Number is Not Acceptable)	1422 E. Jefferson ST		
		83			
		84 City	ORLANDO	85 State	FL

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 _____ DATE _____
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	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPERO, LORI H	1.2 NAME	
STREET ADDRESS	41 AMHERST ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREAT NECK NY 11021	1.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSONIELLO, JOSEPH G	2.2 NAME	Joseph G. Russoniello
STREET ADDRESS	14025 OSPREY LINKS ROAD, APT. 372	2.3 STREET ADDRESS	1422 E. Jefferson ST
CITY-ST-ZIP	ORLANDO FL 32837	2.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: Joseph G. Russoniello Date: 1/29/99 Daytime Phone #: 407-228-0200

CR2E034 (11/98)