# 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 #** P98000043475 1. Corporation Name

## LINCHESTER REALTY CORPORATION

Principal Place of Business

Mailing Address

2800 PONCE DE LEON BLVD. #1125 CORAL GABLES EL 33146

2800 PONCE DE LEON BLVD. #1125 CORAL GABLES FL 33146

# FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90045 032 \*\*\*150.00



COUNT OUDER	712 00140	OOINIE OND=20 / 2 00/ 10			DO NOT WRITE IN THIS SP	ACE
					3. Date Incorporated or Qualifed	
	•				05/13/1998	
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
— '	ace of Business	26			65-0846172	Not Applicable
21	H -4-	Suite, Apt. #, etc.				8.75 Additional
Suite, Apt.	#, etc.				5. Certifcate of Status Desired	Fee Required
22		27				<del></del>
City & State	e , <sup></sup>	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
· Zip	Country Country	Zip	Countr	y	8. This corporation owes the current year Intang	
24	25	29 36	)		Telsorial Floperty Tax.	Yes □No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Age	ent
			81	Name		
BREIER, ROBERT G				Street A	ddress (P.O. Box Number is Not Acceptable)	
2800 PONCE DE LEON BLVD. #1125				Succia	duless (F.O. Box 14011ber 13 1401 7666 pressio)	
	AL GABLES FL 33146		83	<del>,</del>		
55/1			[	_		
	. ,		84	City	FL \	Zip Code
44 5	to the manufacture of Continuo 607 0502	and 607 1509 Florida Statutes	the abov	o_named c	corporation submits this statement for the purpose of cha	anging its registered
office or n	egistered agent, or both, in the State or m familiar with, and accept the obligation	f Fiorida. Such change was auth	orizea di	/ the corpor	ration's board of directors. I hereby accept the appointm	ent as registered
SIGNATURE	••				quired when reinstating) DATE	
	Signature, typed or printed name of registered agent		13.	ent signature rec	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
12.	OFFICERS AND	DELETE DELETE				Change Addition
TITLE	D·	□ bereie	1.1 TITLE		_	
NAME:	SILVERMAN, BARRY J		1.2 NAME			
STREET ADDRESS	2800 PONCE DE LEON BLVD. #	¥1125	1.3 STREI	ET ADORESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		0	] Change <b>X</b> Additio
NAME	Silverman Judy		2.2 NAME		Silverman Judy 2800 Ponce De leon Blud #1	110
	Silveria , - ,			ET ADDRESS	2800 Ponce De leon BIVO "1	142
STREET ADDRESS					Coral Gables Fl 33146	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	COPAL GUORS, 11 30110	Change Addition
TITLE		☐ DELETE	3.1 TITLE		L	T ∧uguiðe ∑ Vogur
NAME_	-		3.2 NAME			
STREET ADDRESS			3.3 STRE	ET ADDRESS	·	
CITY-ST-ZIP	•		3.4. CITY-	ST-ZIP	<u></u>	
TITLE		DELETE 🛫	4.1 TITLE			Change
NAME	<u> </u>		4. 2 NAME	.		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	·		4.4 CITY-	ST-ZIP		•
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME	•		5.2 NAME			
	·		5.3 STRE	ET ADDRESS		
STREET ADDRESS			5.4 CITY-			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change Addition
TITLE		∟ DELETE			L	_ s.idings
NAMÉ			6.2 NAME			
STREET ADDRESS	•		6.3 STRE	ET ADORESS		
CITY ST. ZIP			6.4 C!TY-	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 changes or on an attachnism with an address, with all other like engrowered.

SIGNATURE:

Dang Adulture Hourse

(305) 705-0026