

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 # P98000047847

1. Corporation Name  
RIDGE REALTY HOLDING CORP.

Principal Place of Business  
100 GOLDEN ISLES DR. SUITE 1204  
HALLANDALE FL 33009

Mailing Address  
100 GOLDEN ISLES DR. SUITE 1204  
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
05/28/1998  
4. FEI Number  
65-0859191  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSEPH, JERRY  
100 GOLDEN ISLES DR. SUITE 1204  
HALLANDALE FL 33009

81 Name

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

83

84 City

FL

85 Zip Code

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

JERRY JOSEPH, REGISTERED AGENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

2/18/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
GOLD, MENDEL  
STREET ADDRESS  
ONE CARTER LANE  
CITY-STATE-ZIP  
WESLEY HILLS NY 10952

TITLE ☐ DELETE

NAME  
EISENREICH, AVERY  
STREET ADDRESS  
3269 BEDFORD AVE.  
CITY-STATE-ZIP  
BROOKLYN NY 11210

TITLE ☐ DELETE

NAME  
STERN, SAMUEL  
STREET ADDRESS  
1290 WALL STREET  
CITY-STATE-ZIP  
LYNDHURST NJ 07071

TITLE ☐ DELETE

NAME  
JOSEPH, JERRY  
STREET ADDRESS  
41 STATE ST. SUITE 515  
CITY-STATE-ZIP  
ALBANY NY 12207

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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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 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:

MENDEL GOLD

Date

Daytime Phone #

0123311

CR2E034 (1/198)