

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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90073 003 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000061562**

1. Corporation Name  
**PIER REALTY CORP.**



Principal Place of Business <b>4305 N.E. 23RD AVENUE                  FORT LAUDERDALE FL 33308</b>	Mailing Address <b>4305 N.E. 23RD AVENUE                  FORT LAUDERDALE FL 33308</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>14 Commercial Blvd.</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>14 Commercial Blvd.</b> Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified <b>07/10/1998</b>	
23 <b>Lauderdale By the Sea, FL</b> City & State Zip <b>33308</b> Country <b>USA</b>		28 <b>Lauderdale By the Sea, FL</b> City & State Zip <b>33308</b> Country <b>USA</b>		4. FEI Number <b>65-0855451</b> Applied For <input type="checkbox"/> Not Applicable	
24 <b>33308</b>		25 <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required <input type="checkbox"/>	
29 <b>33308</b>		30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>CARLSEN, SUSAN                  4305 N.E. 23RD AVENUE                  FORT LAUDERDALE FL 33308</b>				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURPHY, KATHY</b>	1.2 NAME	
STREET ADDRESS	<b>1406 N.E. 56TH STREET</b>	1.3 STREET ADDRESS	<b>1460 NE 50th Street</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33334</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLSEN, SUSAN</b>	2.2 NAME	
STREET ADDRESS	<b>4305 N.E. 23RD AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33308</b>	2.4 CITY-ST-ZIP	
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: Susan Carlisle **Susan Carlisle** 1/7/99 954-491-1455  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)