COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCUMENT # P98000097264

ERRY REALTY CORP.

FILED Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90005 023 ***558.75

|--|

							
•	ce of Business	Mailing Address					
OFFICE		POST OFFICE BOX 1811 DANIA BEACH FL 33004					
A BEACH	FL 33004						DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							11/19/1998
Principal F	Place of Business	2a. Mailing Address					4. FEI Number Applied For
		26					65-0876690 Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.					\$8.75 Additional
		27					5. Certificate of Status Desired Fee Required
City & Sta	te	City & State					6. Election Campaign Financing \$5.00 May Be
		28					Trust Fund Contribution Added to Fees
Žip	Country	Zip		Cou	intry	•	8. This corporation owes the current year
	25	29		30			Intangible Personal Property. Yes V No
	9. Name and Address of Curren	t Registered A	\gent			T	10. Name and Address of New Registered Agent
VPIC	DII ANAVED				81	Name	
	RILAWYER			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
343 ALMERIA AVENUE							
CUH	AL GABLES FL 33134				83		
					84	City	85 Zip Code
						,	FL 5000
agent. l NATURE:	am familiar with, and accept the obliga	ations of, section	on 607.0505, F	londa Sta	utes	3,	tion's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered ager				red A	gent signature re	equired when reinstating) DATE
	OFFICERS AN	ID DIRECTOR	_	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	PSTD		DELETE	1.1 Tf			Change Addition
:	WRIGHT, CHARLES E			1.2 N/			
ET ADDRESS						ADDRESS	
ST-ZIP	DANIA BEACH FL 33004		<u></u>	1.4 CI 2.1 TI	TY-ST	-ZIP	
			DELETE	•			Change Addition
:				2.2 N/			
ET ADDRESS				1		ADDRESS	
ST-ZIP				2.4 CI 3.1 Tf		-ZIP	
	[DELETE			ļ	Change Addition
TADDOCCO				3.2 N/		ADDRESS	
T ADDRESS				3.4 Ci			
ST-ZIP			חביבדב	4.1 TI		-LIF	Change Addition
	j		DELETE	4.2 N			L Change L Addition
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ET ADORESS	Į.				TY-ST	1	
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	}		DELETE	5.2 NA			Change Addition
T ADDRESS						ADDRESS	
				5.4 CI			
iT-ZIP			DELETE	6.1 TF		-LIF	Change Addition
			LL DECEIE	6.2 NA			: Orlange Addition
TADDRESS	}					ADDRESS	
	}						
iT-ZiP	İ			6.4 CI	ı Y-ST	-ZIP	

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 ndicated 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 n Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

EAWILLIPEREQUIRED