

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S19096** (4)

1. Corporation Name  
**ELJO REALTY CORP.**



Principal Place of Business: **3360 SOUTH OCEAN BLVD. SUITE 4C-2 PALM BEACH FL 33480**  
Mailing Address: **3360 SOUTH OCEAN BLVD. SUITE 4C-2 PALM BEACH FL 33480**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified <b>12/14/1990</b>	3a. Date of Last Report <b>03/13/1995</b>
4. FEI Number <b>65-0236167</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NEIPRIS, JOSEPH  
3360 SOUTH OCEAN BLVD.  
SUITE 4C-2  
PALM BEACH FL 33480**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, type or printed name of registered agent and then apply date. NAME, Registered Agent signature, type or printed name and date.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIPRIS, JOSEPH	2. NAME	
STREET ADDRESS	3360 S OCEAN BLVD 4C-2	13. STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	14. CITY-ST-ZIP	
TITLE	VST	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAFT, ELIOT, B	22. NAME	
STREET ADDRESS	1121 CRANDON BLVD D-701	23. STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	24. CITY-ST-ZIP	
TITLE	D	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAFT, ELIOT, B	32. NAME	
STREET ADDRESS	1121 CRANDON BLVD D-701	33. STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	34. CITY-ST-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *ELIOT B. KRAFT* 3/14/95 305-311-0388  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Day-Month-Year)

CR2E034 (12/95)