## 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 # S19096

ELJO REALTY CORP.

## FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90015 044 \*\*\*150.00



<u> </u>					) (0015010 18) 1504 (014) 8048 10410 0151 01011 01011 01611 04011 01011 04015
Principal Place of Business Mailing Address					
3360 SOUTH OCEAN BLVD. 3360 SOUTH OCEAN BLVD.					
SUITE 4C-2		SUITE 4C-2			DO NOT WRITE IN THIS SPACE
PALM BEACH FL 33480		PALM BEACH FL 33480			3. Date incorporated or Qualifed
					12/14/1990
- D1 DI	- A Dunings	2n Mailing Address			4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address			10 .	ess Au	
21	W	26 1903 S. COK	U.K.	620 110	SR 75 Additional
Suite, Apt. #, etc.			ΨŲ.		5. Certificate of Status Desired Fee Required
22		City & State			
City & State	8	28 Bounton B	000	h II	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Constant Constant	Zip	Countr	AL T	8. This corporation owes the current year Intangible
Zip	Country		Couring	,	Personal Property Tax.
24	25	29 354 (30)			10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81	Name	10. Nume and Addition
NEIPRIS, JOSEPH					
3360 SOUTH OCEAN BLVD.			82	Street Add	ress (P.O. Box Number is Not Acceptable)
SUITE 4C-2			-		,
			83	<b>3</b>	
PALI	M BEACH FL 33480		84	City	85 Zip Code
					poration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State on m familiar with, and accept the obligation	of Florida. Such change was alund ions of, Section 607.0505, Florida	Statute	s.	on's board of directors. Thereby accept the appointment as regions
GIGHATURE	Signature, typed or printed name of registered agent			ent signature require	ed when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addit
NAME	NEIPRIS, JOSEPH		1.2 NAME		
STREET ADDRESS	3360 S OCEAN BLVD 4C-2		1.3 STREE	ET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-	ST-ZIP	
TITLE	VST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addit
NAME	KRAFT, ELIOT, B		2.2 NAME		•
STREET ADDRESS	1121 CRANDON BLVD D-701		2.3 STRE	ET ADDRESS	
	KEY BISCAYNE FL	<del></del> .	2. 4 CITY	·ST-ZIP	and the second of the second o
CITY-ST-ZIP TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addit
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NAME		1	5.2 NAME		
STREET ADDRESS	]	1		ET ADDRESS	
CITY-ST-ZIP			5.4 CITY-		
TITLE		☐ DELETE	6.1 TITLE		Change Addit
NAME			6.2 NAME	: ]	
STREET ADDRESS	\ 	1	6.3 STRE	ET ADDRESS	
	Ī		0.4000	AT 715	

14. I hereby certify that the information expelied 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 of 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 charges or on an attacpripty with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30534-034 Daytifie Phone #