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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V03062

(9)

EASTMORELAND LIMITED PARTNERS, INC. Principal Place of Business Mailing Address 1725 S BAY SHORE DR 1725 BAYSHORE DR MIAMI FL 33133 MIAMI FL 33133-3305 3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1991 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3098096 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No

10. Name and Address of New Registered Agent 24 25 29 30 9. Name and Address of Current Registered Agent SILVER, BERNARD F. P 81 1725 S. BAYSHORE DRIVE 82 MIAMI FL 33133 83 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the collinations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent sig gistered agent and title it applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE TITLE 11 100 6 Change Addition SILVER, BERNARD F NAME 1.2 NAME 1725 S. BAYSHORE DR. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP VD SECRETARY TITLE DELLIE Change 21 1/118 SILVER. LAWRENCE A NAME 2.2 NAME **8890 SW 78TH PLACE** STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZiP 2. 4 CHY - S1 - Z(P DELETE TITLE 3.1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHTY - ST - ZIP TITLE DELETÉ 4.1 THEE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-7IP DELETE Change TITLE Addition 5 1 1HLF NAME 5.2 NAME

6.4 CHY - \$1 - 74P 14. If othereby certify that the information supplied with this filling 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 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. ode under oath; that

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETÉ

Addition

**FILED** 

Jun 04 1997 8:00am

Secretary of State