

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # V27736 (0)  
1. Corporation Name  
FLYING DOVE REALTY, INC.



Principal Place of Business Mailing Address  
1780 HIGHWAY A1A 1780 HIGHWAY A1A  
SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/10/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3117788	
24 Country		30 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	
				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	
				Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTIELLO, JOHN  
SUITE 107-108  
SUITE D  
SATELLITE BEACH FL 32937

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	DELETE	1.1 TITLE	Change	Addition
NAME	FARELLA, SAM		1.2 NAME		
STREET ADDRESS	525 WEST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK CITY NY		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE	Change	Addition
NAME	MATTIELLO, JOHN		2.2 NAME		
STREET ADDRESS	1405 HIGHWAY A1A #202		2.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		2.4 CITY-ST-ZIP		
TITLE	SD	DELETE	3.1 TITLE	Change	Addition
NAME	MATTIELLO, FRANCES		3.2 NAME		
STREET ADDRESS	1405 HIGHWAY A1A #202		3.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change	Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change	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.

CR2E034 (10/97)