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SIGNATURE:

STONATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COR ANNL	PROFIT PORATION JAL REPORT 1999	FLORIDA DEPART  Katherin  Secretary  DIVISION OF CO	e Harris of State	99 FEB 22 PN 3:1!		
	MENT # L38059			99 FEB 22 PM	200	
1. Corporation FORTRA	N PROPERTIES, INC.			SECLE MASSELLE TALLAHASSELLE	LONIDA	
Principal Place	e of Business	Mailing Address				
2025 SW 2 AVE		P O BOX 450220				
MIAMI FL 33129 US		MIAMI FL 33245 US		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified	1	
2. Principal Pl	ace of Business	2a. Mailing Address		12/22/1989 4. FE Number	Applied For	
21		26		65-0161834	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State		6. Efection Campaign Financing	Fee Required	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year In		
24	9. Name and Address of Current		<b>o</b> }_	Personal Property Tax  10. Name and Address of New Registered	[   Yes ANo	
			81 Name	10, realist state of the specific grant of	Lagrice	
1500	um registered agents, inc. San Remo Avenue, suite 125 Al Gables FL 33146		83	ess (P.O. Box Number is Not Acceptable)		
			B4 City	FI	85 Zip Code	
office or re agent I as SIGNATURE	egistered agent, or both, in the State of in familiar with, and accept the obligation Signature typed or printed name of rejistened agent a	Florida Such change was autors of, Section 607.0505, Florid out the day of the first state of the first stat	norized by the corporational Statutes.		intment as registered	
12.	OFFICERS AND	[] DELETE	13. 11THLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
NAME	GINSBURG, DENNIS		1.2 NAME			
STREET ADDRESS	1500 SAN REMO AVE., #125		13 STREET ADDRESS			
CITY-ST-ZIP TITLE	CORAL GABLES FL	( ) DELETE	14 City S1-ZiP 2 1 Tale			
NAME			22 NAME	00000278 <b>6</b> -02/26/991	15904	
STREET ADORESS			2.3 STREET ADORESS	****150.80		
CMY-ST-ZIP		The rate	2.4 CHY-51-ZiF			
TITLE NAME		[ ] DELETE	3 1 TITLE 3 2 NAME		[   Change	
STREET ADDRESS			33 STREET ADDRESS		{	
CITY-ST-ZIP		en en reger green en reg	34 C(TY-S1-Z)P			
TITLE		( I DELETE	41 TITLE		[   Change   [   Add-bən	
NAME STREET ADDRESS			4-2 NAME 4-3 STREET ADDIRESS		ļ	
CITY-ST-ZIP			44 CiTy-ST-Zie			
TITLE		[ ] DELETE	5.1 TITLE		[]Change []Addition	
NAME			5 2 NAME			
STREET ADDRESS			53 STREET ADORESS     54 CITY-ST-ZEP			
TITLE		( ) DELETE	61 TITLE		[ Change []Addition	
NAME			6 2 NAM5	$\sim$ ( )	Ì	
STREET ADORESS	^		63 STREET ADDRESS	5 2122 ha aa	an	
CITY-\$1-ZIP	ertify that the information supplied with	this filing does not qualify for the	64 CiTY-S1-ZP	Section 119.07(3)(i), Florida Statutes I further ce	ertify that the information	
indicated officer or of	on this annual report or supplemental a	nnual report is true and accura or trustee empowered to exe	ite and that my signature ecute this report as requi	Shall have the same legal effect as if made undered by Chapter 607, Florida Statutes, and that r	der path; that I am an	