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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006138

1. Corporation Name
NORTH PORT MARKET PLACE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7237 SW 53 AVENUE MIAMI FL 33143 US	7237 SW 53 AVENUE MIAMI FL 33143 US

2. Principal Place of Business 21 6710 Main Street Suite, Apt. #, etc. 22 Suite 233 City & State 23 Miami Lakes, Florida Zip 24 33014 Country 25 USA	2a. Mailing Address 26 6710 Main Street Suite, Apt. #, etc. 27 Suite 233 City & State 28 Miami Lakes, Florida Zip 29 33014 Country 30 USA	3. Date Incorporated or Qualifed 10/30/1997 4. FEI Number 65-0792663 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MACNAIR, CHRISTOPHER J.
7237 SW 53 AVENUE
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [signature] Christopher J. MacNair, President 4/5/99
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	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MACNAIR, CHRISTOPHER J		1.2 NAME	
STREET ADDRESS	7237 SW 53RD AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FERTIG, JAY		2.2 NAME	
STREET ADDRESS	2661 EDGEWATER DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33332		2.4 CITY-ST-ZIP	
TITLE	DVST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SOFFER, MARSHA		3.2 NAME	
STREET ADDRESS	2875 NE 191 ST., STE. 400		3.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED Christopher J. MacNair, President 4/5/99 305-512-8001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)