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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

DOCUMENT # P26460

SY ZIV ASSOCIATES, INCORPORATED

| 1 Timbipar Frago of Edoxidos |
|------------------------------|
| 1106-4 LUCERNE AVE |
| LAKE WORTH FL 33460-7006 |

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90024 046 ***150.00

| 01 2,11 . | | | | | | i |
|-----------------------|---|--|--------------------------------|---|--------------------------------------|-------|
| Principal Place | of Business | Mailing Address | | f (##if##) ith tible bilet fireit patts bett breit. | #(Ell block of Ell block of ell to a | , |
| 7.00 7 EQQE::::- 1.11 | | 1106-4 LUCERNE AVE LAKE WORTH FL 33460-7006 | | | | , |
| US | 2 50 105 700 | US | | DO NOT WRITE IN TH | IS SPACE | i |
| | | | | 3. Date Incorporated or Qualifed | | 1 |
| | | | | 10/18/1989 4. FEI Number | Applied For | |
| · | lace of Business | 2a. Mailing Address | | | Not Applicable | |
| 21 | —————————————————————————————————————— | Suite, Apt. #, etc. | | 13-3257919 | \$8.75 Additional | |
| Suite, Apt. | BRADLEY PLACE | | DEEY PLA | 5 - Certificate: of: Status: Desired | Fee Required | |
| 22 / 5 U | | City & State | | 6 Flection Campaign Financing | \$5.00 May Be | |
| 23 PAL | | 28 PALM BET | 14 FL | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip 3.7.40 | Country | 8. This corporation owes the current year I | | |
| 24 334° | SO [25] | 29 33480 3 | | Personal Property Tax. | Yes No | |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registere | d Agent | |
| 7.5 | PRESENTAL CORPORATION | OVOTEM INC | 81 Name | | | |
| | PRENTICE-HALL CORPORATION | SYSTEM, INC. | 82 Street Ad | ddress (P.O. Box Number is Not Acceptable) | | |
| | HAYES STREET | | | | | |
| | 'E 105 Lahassee FL 32301 | | 83 | | | |
| IALL | ANASSEE PL 32301 | | 84 City | | 85 Zip Code | |
| | | | | | | |
| office or r | parietored agent or both in the State of | f Florida. Such change was aut | nonzed by the corbor | orporation submits this statement for the purpose ation's board of directors. I hereby accept the app | ointment as registered | |
| agent. I a | m familiar with, and accept the obligation | ons of, Section 607.0505, Florid | da Statutes. | | | |
| SIGNATURE | · | AVOTO E | Registered Agent signature req | OATE | | _ |
| 12. | Signature, typed or printed name of registered agent OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 | 1/98) |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | Change Addition | 11 |
| NAME | ZIV, SEYMORE L. | | 1.2 NAME | | <i>=</i> | Ž |
| STREET ADDRESS | 2660 S OCEAN BLV #704 S. | | 1.3 STREET ADDRESS | 150 BRADLEY PLAC | ا. | Z. |
| CITY-ST-ZiP | PALM BEACH FL 33480 | | 1.4 CITY-ST-ZiP | | | ç |
| TITLE | STD | ☐ DELETE | 2.1 TITLE | | Change Addition | ر |
| NAME | ZIV, GLADYS L. | | 2.2 NAME | | | i |
| STREET ADDRESS | 0 00E4M BUM #704 0 | | 2.3 STREET ADDRESS | 150 BRADLEY PLACE | | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | | 2.4 CITY- ST-ZIP | | | = |
| TITLE | | ☐ DELETE | 3.1 TITLE | • | Change Addition | l |
| NAME | · · | | 3.2 NAME | | : | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | ı |
| CITY-ST-ZIP | | · | 3.4. CITY-ST-ZIP | | ☐ Change ☐ Addition | ĺ |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition | l |
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| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | Change Addition | |
| TITLE | } | ☐ DELETE | 5.1 TITLE | · | L Change L Modition | ĺ |
| NAME | | • | 5.2 NAME | | | l |
| STREET ADDRESS | 1 | | 5.3 STREET ADDRESS | A P | | l |
| CITY-ST-ZIP | | | 5 4 OPM OF TIP | 54 | | |
| | | □ DELETE | 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition | |
| NAME | | ☐ DELETÉ | 6.1 TITLE 6.2 NAME | 4 | Change Addition | |
| ļ. | | ☐ DELETÉ | 6.1 TITLE | 4 | ☐ Change ☐ Addition | |

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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: