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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P95000060903

1. Corporation Name

DALM TOWERS SOUTH INC

	DWERS SOUTH, INC.							
Principal Place	of Business . Ma	ailing Address				#:11 # # 114 ##140 #		
5355 TOWN CENTER AD 5355 TOWN CENTER AD								
SUITE NOT (3)1) (= SUITE NOT					DO NOT HIDITE IN THIS COACE			
BOCA RATON FL 33486 OF WY BOCA RATON FL 33486					DO NOT WRITE IN THIS SPACE			
135 Soweenss Corp Parts - Some					3. Date Incorporated or Qualifed	ı		
SUNRICE FL. 29375-2013					08/07/1995 4. FEI Number		Δ00	lied For
2. Principal Place of Business 21 /35/ SAWCKASS (OLP PKV26) /35/ SAWGARSS Suita And Halfs				en PKW	65-0604209			Applicable
Principal Place of Business 5355 TOWN CENTER AD SUITE BOT BOCA RATON FL 33486 1351 SOWGENSS CORP PKWY SUITE BOT BOCA RATON FL 33486 2. Principal Place of Business 2. Principal Place of Business Suite Apt. #. etc. Suite Apt. #. etc. Suite Apt. #. etc.					05-0004209	-	\$8.75 AC	
Suite, Apt. #, etc.					5. Certifcate of Status Desired		Fee Red	
City & State	27	City & State			6. Election Campaign Financing		\$5.00 \	
	RISK- 1=L. 28	City & State SUNRISE Zip 33373 30	1-1	4 ,	Trust Fund Contribution		Added to	-
Zip	Country	Zip	Country		8. This corporation owes the cu	rent vear Inta	angible	
24 333		~ 333×3 w	1 <i>13R</i>	OWARL	Personal Property Tax.			⊒No ↓
24 337	9. Name and Address of Current Regis	tered Agent			10. Name and Address of New	Registered /	Agent	
	<u> </u>		81	Name 7	SEPH NUDEL	mnd		
FRIEDMAN, ANDREW J				0 0	(B.O. Boy Number in Not Assess	toblo)		
5355 TOWN CENTER RD				J みぐ/	ess (P.O. Box Number is Not Accep	PK	WY	
SUITE 801			83		0.7,0			
BOCA RATON FL 33486							******************************	
			84	CitySUN	RISE FL	FL	85 Zip C	ያ ^ው
44 Dureuant	to the provisions of Sections 607 0502 and 6	ration cultmite this statement for th	e nurnose of	changing its r	registered			
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.								
agent. I ai	m familiar with, and accept the congations of	, Section 607.0505, Florida	Statutes			ر کدارگتر	199	ŀ
SIGNATURE	Signature, typed or punied name of registered agent and title	if applicable (NOTE: Rec	istered Ager	nt signature required	when reinstating)	DATE		 [
12.	OFFICES AND DIRE	FF	13.		ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	NUDELMAN, JOSEPH		1.2 NAME					į
STREET ADDRESS	5355 TOWN CENTER RD SUITE 801		1.3 STREE	T ADDRESS				ļ
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-S	T- ZIP				
TITLE			2.1 TITLE				☐ Change	Addition
NAME	T		2.2 NAME					ĺ
STREET ADDRESS	5355 TOWN CENTER RD SUITE 801		2.3 STREE	TADDRESS		*		
CITY-ST-ZIP	BOCA RATON FL 33486		2, 4 CITY-S		, .	,		
TITLE			3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME					ŀ
STREET ADDRESS			3.3 STREE	T ADORESS				
CITY-ST-ZIP			3.4. CITY-S					}
TITLE		☐ DELETE	4.1 TITLE	51 <u>L.</u> .		·	Change	Addition
NAME			4,2 NAME					
STREET ADDRESS			l	T ADDRESS				
			44 CITY-S					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		. 1		Change	Addition
NAME			5.2 NAME					. {
STREET ADDRESS		ļ		T ADDRESS]
		1	5.4 CITY-S					1
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS		•	6.3 STREE	T ADDRESS				
O I KEE I ADDUKESSI				ı				

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 changes by an air attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: X

NAME OF SIGNING OFFICER OR DIRECTOR

954.835-226

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90152 031 ***150.00