


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90004 003 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000019601 ✓
 1. Corporation Name
PENNENNIS PROPERTIES, INC.



Principal Place of Business 110 SW 16TH AVENUE POMPANO BEACH FL 33069 US	Mailing Address 110 SW 16TH AVENUE POMPANO BEACH FL 33069 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 505 N.W. 65 th COURT Suite, Apt. #, etc. 104 22 City & State FT-Lauderdale 23 Zip 33309 Country USA	2a. Mailing Address 26 505 N.W. 65 th COURT Suite, Apt. #, etc. 104 27 City & State FT-Lauderdale 28 Zip 33309 Country USA
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3. Date Incorporated or Qualified 03/01/1996	4. FEI Number 65-0653236	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
STRAUSS, JASON
 110 SW 16TH AVENUE
 POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent
 81 Name **STRAUSS JASON**
 82 Street Address (P.O. Box Number is Not Acceptable) **505 NW 65th COURT**
 83 **Suite 104**
 84 City **FT-Lauderdale FL** 85 Zip Code **33309**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOPEL, ZEV	
STREET ADDRESS	105 SILVERBIRCH	
CITY-ST-ZIP	DOLLARD DES ORMEAUX QU	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRAUSS, LOUIS	
STREET ADDRESS	6072 WAVERLY STREET	
CITY-ST-ZIP	MONTREAL QU	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRAUSS, MARIA	
STREET ADDRESS	2519 SUGARLOAF LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Katherine Harris* **SIGNATURE REQUIRED** Date: 30/04/99 Daytime Phone #: 954-968-9811

CR2E034 (5/99)