

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90066 036 ***150.00

DOCUMENT # P97000037199

1. Entity Name
DELRAY BEACH PROPERTY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 735 ISLAND DR 701 NORTHPOINT PKWY., SUITE 330 PALM BEACH FL 33480 US	Mailing Address C/O CHARLES ROSNER 118 N BEDFORD RD MT KISIO NY 10549-2553 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0751824	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ZANE, JEFFREY P ESQ.
 SINGE & ZANE, P.A.
 701 NORTHPOINT PKWY., SUITE 330
 WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D <input type="checkbox"/> Delete	NAME ROSNER, CHARLES STREET ADDRESS 701 NORTHPOINT PKWY., SUITE 330 CITY-ST-ZIP WEST PALM BEACH FL 33407
TITLE D <input type="checkbox"/> Delete	NAME ROSNER, FRANCES STREET ADDRESS 701 NORTHPOINT PKWY., SUITE 330 CITY-ST-ZIP WEST PALM BEACH FL 33407
TITLE D <input type="checkbox"/> Delete	NAME RUTKOVSKY, EDWARD STREET ADDRESS 701 NORTHPOINT PKWY., SUITE 330 CITY-ST-ZIP WEST PALM BEACH FL 33407
TITLE D <input type="checkbox"/> Delete	NAME RUTKOVSKY, LISA STREET ADDRESS 701 NORTHPOINT PKWY., SUITE 330 CITY-ST-ZIP WEST PALM BEACH FL 33407
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Rosner **REQUIRED** _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)