**FILED** 

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90069 020 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700068649

1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP

ZUCKER	MAN HOMES AT ANDROS	S ISLE, INC.			
Principal Place	e of Business	Mailing Address		T EDEFIEDE ZIO FONI TORZI DENI GOLSI DENI BONIF BUYON IBNIO DISHI DANIS SUST 1001	
6351 SAN MICHEL WAY 6351 SAN MI		6351 SAN MICHEL WAY DELRAY BEACH FL 33484		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				08/07/1997	
2 Bringing D	lace of Business	2a. Mailing Address		4, FEI Number Applied For	
Z. Principal P	lace of Business			65-0799387 Not Applicable	
21 26 26 Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8-75 Additional	
22	,, s.c.	27		5. Certifcate of Status Desired Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing S5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29	0	Personal Property Tax.   Yes No	
`	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent	
			81 Na	ame ·	
	KIN, PETER M		82 Str	reet Address (P.O. Box Number is Not Acceptable)	
<del>- 2101 West Commercial BlvD</del> -			1 E Broward Blvd.		
	E-4100		83	Suite# 1501	
-FOR	T LAUDERDALE FL 33308 -		84 Cit	b. 95 Zin Code	
			I	Ft. Lauderdale FL   33301	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was aut	nonzea by the c	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	,,				
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE: F	Registered Agent signa	ature required when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	ZUCKERMAN, ANDREW		1.2 NAME		
STREET ADDRESS	6351 SAN MICHEL WAY		1.3 STREET ADDR		
CITY-ST-ZIP	DELRAY BEACH FL 33484		1.4 CITY-ST-ZIP	The state of the s	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	ZUCKERMAN, DAVID		2.2 NAME		
STREET ADDRESS	6351 SAN MICHEL WAY		2.3 STREET ADDR		
CITY-ST-ZIP	DELRAY BEACH FL 33484	C Delete	2.4 CITY-ST-ZIP	Change Addition	
TITLE	D	☐ DELETE	3.1 TITLE		
NAME	ZUCKERMAN, STEVEN		3.2 NAME	·	
STREET ADDRESS			3.3 STREET ADDR		
CITY-ST-ZIP	DELRAY BEACH FL 33484	F) priete	3.4. CITY-ST-ZIP	Change Addition	
TITLE		☐ DELETE	4.1 TITLE	☐ Autalide ☐ Longiton	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDR	į l	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	Change	
TITLE		□ ncreie	5.1 TITLE 5.2 NAME	ChargeAddition	
NAME			5.3 STREET ADDR	RESS .	
STREET ADDRESS			5.4 CITY-ST-ZIP	1	
CITY-ST-ZIP	İ		5.4 S. 1-01-24		
TITLE		☐ DELETE	6.1 TITLE	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 of 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 on an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #