

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # V74133 1. Entity Name 1660 SOUTHERN PLAZA, INC.	
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Principal Place of Business 1660 SOUTHERN BLVD SUITE M WEST PALM BEACH, FL 33406	Mailing Address 1660 SOUTHERN BLVD SUITE M WEST PALM BEACH, FL 33406
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0365522	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIETZ, JACK H. 1660 SOUTHERN BLVD SUITE M WEST PALM BEACH, FL 33406

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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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIETZ, JACK H. 1265 GATOR TR WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OBRADOVICH, TIMOTHY G. 1265 GATOR TR WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZEISEL, GLORIA 18 HILL TOP PL MONSEY, NY
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/3/07 Date	561-697-9797 Daytime Phone #
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