

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # V74133

1. Entity Name
1660 SOUTHERN PLAZA, INC.



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



01042008 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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIETZ, JACK H.
STREET ADDRESS	1265 GATOR TR
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	TD
NAME	OBRADOVICH, TIMOTHY G.
STREET ADDRESS	1265 GATOR TR
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	SD
NAME	ZEISEL, GLORIA
STREET ADDRESS	18 HILL TOP PL
CITY-ST-ZIP	MONSEY, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000774372
01/07/08-80011-016 \$150.00

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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

JACK H. DIETZ

1/5/08

Date

561-697-9797

Daytime Phone #