

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **179821** (4)
1. Corporation Name
ROSSAM PROPERTIES INC

FILED

98 JAN 26 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-98

Principal Place of Business: **830 WASHINGTON AVE 3RD FLOOR MIAMI BEACH FL 33139**
Mailing Address: **830 WASHINGTON AVE 3RD FLOOR MIAMI BEACH FL 33139-5084**

3. Date Incorporated or Qualified: **07/28/1954**
3a. Date of Last Report: **02/29/1996**

| | | | | |
|----|--------------------------------|-------------------------|--|--|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| | 407 LINCOLN ROAD | 407 LINCOLN ROAD | 59-0759849 | <input type="checkbox"/> Not Applicable |
| 22 | Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | SUITE 11B | SUITE 11B | | |
| 23 | City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | MIAMI BEACH, FL | MIAMI BEACH, FL | | |
| 24 | Zip | 25 Country | 29 Zip | 30 Country |
| | 33139 | DADE | 33139 | DADE |

| | | | | | | | |
|---|--|--|--|---|-------------------------|-------------|--------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| POLISAR, STEVE 830 WASHINGTON AVE 3RD FLOOR MIAMI BEACH FL 33139 | | | | 81 Name | STEVE POLISAR | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 407 LINCOLN ROAD | | |
| | | | | 83 | SUITE 11B | | |
| | | | | 84 City | MIAMI BEACH | 85 State | FL |
| | | | | | | 86 Zip Code | 33139 |

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: *[Signature]* DATE: **1-16-98**

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-----------------------------|---------------------------------|--------------------|---|--|--|--|
| TITLE | PD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | POLISAR, STEVE | | 1.2 NAME | | | | |
| STREET ADDRESS | 8000 SW 124TH ST | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33156 | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | VST | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | POLISAR, ROSALIE | | 2.2 NAME | | | | |
| STREET ADDRESS | 2015 MARSEILLES DR | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | | 2.4 CITY-ST-ZIP | | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | POLISAR, STEVE | | 3.2 NAME | | | | |
| STREET ADDRESS | 1967 71ST STREET | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | | 3.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | | |

14. I do 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: *[Signature]* DATE: **1-16-98**

CR2E034 (9/96)