

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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90001 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 187599

1. Corporation Name  
MIDWAY PROPERTIES INC

Principal Place of Business  
1231 - 99TH ST  
BAY HARBOR ISLANDS FL 33154

Mailing Address  
666 71ST STREET  
MIAMI BEACH FL 33141  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/08/1955  
4. FEI Number  
59-6066313  
Applied For  
Not Applicable  
5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax. [X] Yes [ ] No

2. Principal Place of Business  
21 [ ] Suite, Apt. #, etc.  
22 [ ] City & State  
23 [ ] Zip  
24 [ ] Country  
25 [ ]  
2a. Mailing Address  
26 [ ] Suite, Apt. #, etc.  
27 [ ] City & State  
28 [ ] Zip  
29 [ ] Country  
30 [ ]

9. Name and Address of Current Registered Agent  
GERSON, GARY R., CPA  
666 71ST STREET  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GERSON, GARY R	
STREET ADDRESS	666 71ST ST.	
CITY-ST-ZIP	MIAMI BCH. FL 33141	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ORLEANS, DORIS	
STREET ADDRESS	444 E. 82ND ST.	
CITY-ST-ZIP	NY NY 10028	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 my address, with all other like empowered.

SIGNATURE: X \_\_\_\_\_ DATE: 2-6-99 DAYTIME PHONE #: 305-868-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)