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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

officer or director of the corporation Block 12 or Block 13 if change i, o

206692

(6)

ENGLEWOOD, INC.

| | | | | | . <u></u> | |
|---|--|--|------------------------------------|--|--|------------------------------------|
| Principal Place of Business Mailing Address | | | | ······································ | | BINDE BENEK MENEK BINIH NINSH (NN) |
| 1955 S.W. 50TH AVE. 1955 S.W. 50TH AVE. | | | E. | | | |
| FT. LAUDERD | ALE FL 33317 | FT. LAUDERDALE FL 33317 | | DO NOT WIDITE IN TA | UC DDAOF | |
| | | | | | DO NOT WRITE IN TH 3. Date Incorporated or Qualified | IIS SPACE |
| | | | | | 10/11/1957 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | · · · · · · · · · · · · · · · · · · · | 4. FEI Number | Applied For |
| 21 | | 26 | | | 59-6060180 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| Zip Country | | | | Trust Fund Contribution | Added to Fees | |
| | } | | | ntry | 8. This corporation owes or has paid the | |
| 24 | 25 S. Name and Address of Current | 29 Registered Agent | 30 | | Personal Property Tax due June 30. 10. Name and Address of New Register | Yes No |
| SCHWAB, MICHAEL H | | | | 81 Name | 10. Home and Addition of from Hogiston | ou Agent |
| 1955 S.W. 50TH AVE. | | | - | | | |
| | LAUDERDALE FL 33317 | | | B2 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| • • • | 2 10021101 112 1 2 00011 | | | 83 | | |
| | | | _ | | | |
| | | | ľ | B4 City | F | 85 Zip Code |
| 11. Pursuant t | to the provisions of Sections 607.0502 | and 607, 1508, Florida S | tatutes, the ab | ove-named cor | poration submits this statement for the purpos ation's board of directors. I hereby accept the | e of changing its registered |
| agent. Lar | egi stere d agent, or both, in the State t m f am iliar with, and accept the obliga | of Florida. Such change t tions of, Section 607.050 | was authorized 5. Florida Statu | by the corporates. | ation's board of directors. I hereby accept the | appointment as registered |
| SIGNATURE | | | | | | |
| ··· | Signature, typed or printed name of registered agen | | | Agent signature requ | ured when reinstating) DAT | |
| TITLE | OFFICERS AND | DELETE | 13. | - 1 | ADDITIONS/CHANGES TO OFFICERS A | |
| NAME | MICHAEL, HENRIETTA | ריין הברבונ | | | | ☐ Change ☐ Addition |
| STREET ADDRESS | 3400 S. OCEAN BLVD., #3F | | 1.2 NAM | | | |
| · · · · · · · · · · · · · · · · · · · | PALM BEACH FL | | | ŁE1 ADDRESS | | ļ |
| CITY-ST-ZIP TITLE | PD | DELETE | | (-S1-ZIP | | Change Addition |
| NAME | MICHAEL, I | | 2.2 NAM | 1 | | C Outside C Machina |
| STREET ADDRESS | 3400 S. OCEAN BLVD., #3F | | | EET ADDRESS | | |
| City-St-ZiP | PALM BEACH FL | | | Y - ST - ZIP | | ŀ |
| TITLE | SID | ☐ DE LE TE | | | | Change Addition |
| NAME | DONNER, EDWARD 32 N | | 3 2 NAN | 16 | | |
| STREET ADDRESS | 355 5 S. OCEAN BLVD. | | 3.3 STR | EET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH FL | | 3.4. CIT | Y-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITL | E | *************************************** | Change Addition |
| NAME | SCHWAB, MICHAEL H | | 4. 2 NA | AE | | |
| STREET ADDRESS | 1955 S.W. 50TH AVE. | | 4.3 STR | EET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY | '-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITL | E | *** | Change Addition |
| NAME | | | 5.2 NAM | IE [| | |
| STREET ADDRESS | | | 5.3 STR | EET AODRESS | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | |
| TITLE | | DELET e | 6.1 TITL | E | | Change Addition |
| NAME | | | 6.2 NAM | IE | | |
| STREET ADDRESS | | | 6.3 STR | ET ADDRESS | | |

14. Thereby 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 in the type empty vered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

May 04 1998 8:00am

Secretary of State

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