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

**PROFIT** CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**Corporation Name 243539

(4)

MENDELSONS 163 RD INC

**FILED** 

Feb 24 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address

1354 N.E. 163RD STREET NORTH MIAMI BEACH FL 33162 1354 N.E. 163RD STREET NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualified				
Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For		
1		26					59-0914426	Not Applicable		
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired	Certificate of Status Desired  \$8.75 Additional		
81		[27]	00.000					Fee Required		
City & State		28	City & State				Election Campaign Financing     Trust Fund Contribution	The state of the s		
Zip	Country		Zip	Cou	intry		8. This corporation owes or has paid the current year Intangible			
	25	29		30				Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
DONALD MENDELSON 1354 N.E. 163RD STREET NORTH MIAMI BEACH FL 33162					61	Name				
					82	Street Address (P.O. Box Number is Not Acceptable)				
					83					
					84		F <u>L</u>	85 Zip Code		
1. Pursuant to t	he provisions of Sections 607.0	1502 and f	507,1508, Florida Statut	tes the a	hove	a-named coro	oration submits this statement for the nurpose of cl	nanging its registered		

office or registered agont, 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 ar	m tamiliar with, and accept the obligations t	ot, Section 607.0505, Fig	orida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent and title	n if applicable (NOT	E: Registered Agent signature requi	red when reinstating)	DATE			
12.	OFFICERS AND DIRE	C10RS	13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
TITLE	PD	☐ DELETE	1.1 TITLE		Change	☐ Addition		
NAME	MENDELSON, DONALD		1.2 NAME					
STREET ADDRESS	1354 NE 163RD STREET		1.3 STREET ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BCH FL		1.4 CITY - ST - ZIP					
TITLE	ŠD	☐ DELETE	2.1 TITLE		Change	Addition		
NAME	MENDELSON, BARBARA		2.2 NAME					
STREET ADDRESS	1354 NE 183RD STREET		2.3 STREET ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BCH FL		2. 4 CITY - ST - ZIP					
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		Change	Addition		
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		DELETE	5.1 TITLE		Change	Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		DELETE	61 TITLE		Change	☐ Addition		
NAME			6.2 NAME					

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the 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 advivor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

STREET ADDRESS

Donald Mendelson Pres 2-19.48