PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90032 034 \*\*\*150.00

DOCUMEN.	T #	.320	กวกล
1. Corporation Name	200		

26 WESTWARD DR

MIAMI SPRINGS FL 33166

ARCADIA PROPERTIES INC.

Principal Place of Business 26 WESTWARD DR MIAMI SPRINGS FL 33166

Mailing Address 26 WESTWARD DR MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

US										
•					3	3. Date Incorporated or Qualifed				
					- 1	08/25/1967			ľ	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4	. FEI Number		-17	Applied For	
24		26	-, *		Ì	59-1173108			Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.	<u> </u>			_			\$8.75 Additional	
22	,, 0.0.	27	7			5. Certifcate of Status Desired Fee Required				
City & State	9	City & State	City & State			6: Election Campaign Financing Trust Fund Contribution  - \$5.00 May Be Added to Fees				
23		28								
Zip	Country	Zip	Countr	у	8	I. This corporation owes the cu	rrent year Int	angible		
24	25	29 30	30 Personal Property Tax. ☐ Yes ☐ No					□No		
	9. Name and Address of Curren	t Registered Agent	10. Name and Address of New Registered Agent							
			8	1 Nan	1e					
ALWEISS, IRA										
26 WESTWARD DR			et Address (	(P.O. Box Number is Not Accep	otable)					
MIAMI SPRINGS FL 33166										
1110 41	III OI TIIITOO TE GG 100	_		1			. /			
			8	4 City		, 5º		85 Zi	p Code	
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11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607,1508, Florida Statutes	, the abo	ve-nam	ed corporation's l	on submits this statement for th	e purpose of ent the appoi	changing intment as	registered	
office or re agent. I as	egistered agent, or both, in the State on familiar with, and accept the obligation	tions of, Section 607.0505, Florid	la Statute	y trioccuss.	iporadon a c	board of directors. Thereby does	· · · · · · · · · · · · · · · · ·		Sill Made	
		المحسد والمالي المالي	M	دری		Same with the same of the same	ALLES SEE			
SIGNATURE Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
12.	OFFICERS AN	D DIRECTORS	13.	- ;		-ADDITIONS/CHANGES TO O				
TITLE'	D	☐ DELETE	1.1 TITLE	:	- 1 5	The control of the second of t			e-> > Addition	
NAME	ALWEISS, IRA		12 NAME					ļ		
STREET ADDRESS	26 WESTWARD DR		1.3 STRE	ET ADDRE	SS	-				
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		1.4 CITY-	ST-ZIP	<u> </u>	. و سرود د ماه امرو است ا ا				
TITLE	D	DELETE	2.1 TITLE		P	LAN ALWEIS WESTWARD	2	Chang	je 🗌 Addition	
NAME	ALWEISS, CELIA		2.2 NAME		1 74	CHNESTINAPN	DP			
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2. 4 CITY+ST-ZIP

3.1 TITLE

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4.1 TITLE

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5.1 TITLE

5.2 NAME

□ DELETE

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☐ DELETE

6.1 TITLE ☐ Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 apachment with an address with all other like empowered.

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

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FL- 33/64

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