PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Secretary of State

03-29-1999 90064 003 ***150.00

Mar 29, 1999 8:00 am

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

1761 W HILLSBORO BLVD #401

1999

Principal Place of Business

1761 W HILLSBORO BLVD

DOCUMENT # 454061

HAVEN LAKE ESTATES, INC.

SUITE 401 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/30/1974 Applied For 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 59-1828454 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 28 Zio Country Country 8. This corporation owes the current year Intangible Personal Property Tax. □No 25 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ₿1 GLASER, ALLAN M. 82 Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD. #807 MIAMI FL 33181 83 Zlp Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutos, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change 1.1 TITLE IIILE CASTELLANO, MAURICE 1.2 NAME 25034 NAME 1761 W HILLSBORO BLVD, #401 1.1 STREET ADDRESS DEERFIELD BEACH FL 33442 1.4 CITY-ST-ZIP CITY-ST-ZP Addition [] Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 31 TMLE NAME : 3.2 NAME 3 3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP [] Change Addition DELETE 4.1 RDE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change □ Addition TITLE SITTE NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE ☐ Change ☐ Addition mn e 62 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

A supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, and that my name appears in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information