## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 629837

(6)

BILTMORE SOUTH CORP.

APPROVED AND FILED

1996 APR 23 AM 8: 111

SECRETARY OF STATE TALLAHASSEE, FLORIDA



|  |   | Mailton Addison                                    |  |   | har Arati Arati Gidit arati arati arati taat   |
|--|---|--|--|---|--|
| •  | of Business   | Mailing Address                                    | ATE AAA  |   |  |
| 123 NW 13TH STREET, STE 300<br>BOCA RATON FL 33432   |   | 123 NW 13TH STREET. STE 300<br>BOCA RATON FL 33432 |  |   |  |
| BOCK RATOR   | N FE 33432  |  | -  | 3. Date Incorporated or Qualified 07/17/1979  | 3a. Date of Last Report<br>04/26/1995  |
| Principal Pl   | ace of Business   | 2a. Mailing Address                                |  | 4. FEI Number   | Applied For  |
| 1  |   | 26   |  | 59-1954786  | Not Applicable   |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.                                |  | 5. Certificate of Status Desired  | \$8.75 Additional  |
|  |   | 27   |  |   | Too Hodanes  |
| City & State   | e   | City & State                                       |  | 6. Election Campaign Financing  | \$5.00 May Be  |
| 3  |   | 28   | T  | Trust Fund Contribution  8. This corporation has liability for it                     | Added to Fees  |
| Zip<br>"1  | Country   | Zip  | Country  | 8. This corporation has liability for a   |  |
| <u> </u>   | 9. Name and Address of Curren   | 29 29 Anent  | [30]   | 10. Name and Address of New R   |  |
|  | g. Name and Addless of Correct  | it riegiatores Agent                               | 81 Name  |   |  |
| CUADID   | מאאר מו   |  |  | ddress (P.O. Box Number is Not Acceptab   | lo)  |
| SHAPIRO, DAVID<br>123 NW 13TH STREET   |   |  | 82 Street A  | address (m.O. Box Number is Not Acceptab  | ioj  |
| SUITE 3  |   |  | 83   |   |  |
|  | RATON FL 33432  |  |  |   | 85 Zip Code  |
| DOUK I   | INTO HILL OUTUE   |  | 84 City  |   | FL   S   Z   COO   |
| familiar w<br>SIGNATURE  | with, and accept the obligations of, Sect<br>Signature, typed or printed name of registered agrint  | non 607.0505, Florida Statutes                     | S. Oît: Registered Agent signature re  | poration submits this statement to the purpoper of directors. I hereby accept the app | DATE   |
|  |   |  | O I E : Hriðizinian výkur ziðusrous us   | CONSCI AMERI TREEZING SI  |  |
| 12   |   | D DIRECTORS  | 13.  | ADDITIONS/CHANGES TO OFF  |  |
|  |   |  |  |   | ICERS AND DIRECTORS IN 12 Change Addition  |
| TITLE  | OFFICERS AN   | D DIRECTORS  | 13.  | ADDITIONS/CHANGES TO OFF  | ☐ Change ☐ Addition  |
| TITLE<br>NAME  | OFFICERS AN DP ENGELSTEIN, ALEC 123 NW 13 ST.   | D DIRECTORS  | 13.<br>1. 1 TITLE  | ADDITIONS/CHANGES TO OFF  | ☐ Change ☐ Addition  |
| TITLE<br>NAME<br>STREET ADDRESS  | OFFICERS AN  DP ENGELSTEIN, ALEC 123 NW 13 ST. BOCA RATON FL  | D DIRECTORS DELETE                                 | 13. 1. 1 TITLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CHY-ST-ZIP  | ADDITIONS/CHANGES TO OFF 400 -04/24   | □ Change □ Addition<br>□□1791954<br>/9601013006  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP ENGELSTEIN, ALEC 123 NW 13 ST. BOCA RATON FL   | D DIRECTORS  | 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 14 CHY-ST-ZIP 2 1 TITLE   | ADDITIONS/CHANGES TO OFF 400 -04/24   | □ Change □ Addition □□1791954 /9601013006  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP ENGELSTEIN, ALEC 123 NW 13 ST. BOCA RATON FL DV ENGELSTEIN, HARRY  | D DIRECTORS DELETE                                 | 13. 1. 1 TITLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME   | ADDITIONS/CHANGES TO OFF 400 -04/24   | □ Change □ Addition<br>□□1791954<br>/9601013006  |
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I do nereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 or trustee empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 2 or Block 3 if changed oxide at attachment with an address.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 11, 1996 (407) 391-4012