

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 629837

1. Corporation Name
BILTMORE SOUTH CORP.

Principal Place of Business
123 NW 13TH STREET, STE 300
BOCA RATON FL 33432

Mailing Address
123 NW 13TH STREET, STE 300
BOCA RATON, FL 33432

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90183 010 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1979

4. FEI Number

59-1954786

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

SHAPIRO, DAVID
123 NW 13TH STREET
SUITE 300
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

Joseph R Kucej Jr

82 Street Address (P.O. Box Number is Not Acceptable)

603 27th St SE

83

84 City

Ruskin

FL

85 Zip Code
33570

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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

Joseph R Kucej Jr

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | ENGELSTEIN, ALEC | |
| STREET ADDRESS | 123 NW 13 ST. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | ENGELSTEIN, HARRY | |
| STREET ADDRESS | 123 NW 13TH ST. | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | |
| TITLE | DVST | <input checked="" type="checkbox"/> DELETE |
| NAME | SHAPIRO, DAVID | |
| STREET ADDRESS | 123 NW 13TH ST. | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------|---|
| 1.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Joseph R Kucej Jr | |
| 1.3 STREET ADDRESS | 603 27th St SE | |
| 1.4 CITY-ST-ZIP | Ruskin FL 33570 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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 attachment with an address, with all other like empowered.

SIGNATURE:

Joseph R Kucej Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (813) 645-4275
Date Daytime Phone#

0338574

CR2F034 (4/1/98)