

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90114 043 ***150.00

DOCUMENT # 654966

1. Corporation Name

1111 N. W. 159TH DRIVE CORPORATION

Principal Place of Business

1111 N.W. 159TH DRIVE
MIAMI FL 33169

Mailing Address

1111 N.W. 159TH DRIVE
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1980

4. FEI Number

59-0719077

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

OXENBERG, BERNARD
1111 N.W. 159TH DRIVE
MIAMI FL 33169

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME OXENBERG, BERNARD
STREET ADDRESS 1111 N.W. 159TH DR.
CITY-ST-ZIP MIAMI FL
☒ DELETE

TITLE VD
NAME OXENBERG, HARVEY
STREET ADDRESS 1111 N.W. 159TH DR.
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE TD
NAME OXENBERG, JERRY
STREET ADDRESS 1111 N.W. 159TH DR.
CITY-ST-ZIP MIAMI FL
☒ DELETE

TITLE SD
NAME OXENBERG, BEATRICE
STREET ADDRESS 1111 N.W. 159TH DR.
CITY-ST-ZIP MIAMI FL
☒ DELETE

TITLE VD
NAME OXENBERG, LINDA
STREET ADDRESS 1111 N.W. 159TH DR.
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE P/D
2.2 NAME OXENBERG, HARVEY
2.3 STREET ADDRESS 1111 NW 159th DRIVE
2.4 CITY-ST-ZIP MIAMI, FL 33169
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE V/T/S
4.2 NAME FLEISCHMAN, DAVID H
4.3 STREET ADDRESS 1111 NW 159th DRIVE
4.4 CITY-ST-ZIP MIAMI, FL 33169
☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME OXENBERG, LINDA
5.3 STREET ADDRESS 1111 NW 159th DRIVE
5.4 CITY-ST-ZIP MIAMI, FL 33169
☒ Change ☐ Addition

6.1 TITLE D
6.2 NAME OXENBERG, LAWRENCE
6.3 STREET ADDRESS 1111 NW 159th DRIVE
6.4 CITY-ST-ZIP MIAMI, FL 33169
☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0244775

CR2E034 (11/98)