

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name		F30490 (9)		SUWANNEE HEIGHTS, INC.	
Principal Place of Business P. O. BOX 511 HOLLYWOOD, FL 33022 US		Mailing Address 1111 LINCOLN ROAD SUITE 322 MIAMI BEACH, FL 33139		3. Date Incorporated or Qualified 05/22/1981	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 P. O. BOX 511 27 Suite, Apt. #, etc. 28 HOLLYWOOD, FL 29 33022 30 US		3a. Date of Last Report 05/01/1996 4. FEI Number 59-2111774 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent IRWIN H. LEVINE 1111 LINCOLN ROAD STE 322 MIAMI BEACH, FL 33139			10. Name and Address of New Registered Agent 81 Name KAREN WEXLER 82 Street Address (P.O. Box Number is Not Acceptable) 3389 SHERIDAN STREET 83 SUITE 289 84 City HOLLYWOOD FL 85 Zip Code 33021		
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 <i>Karen Wexler</i> KAREN WEXLER, PRESIDENT 04/28/1997 (Signature of officer or director of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11.1 TITLE P ☒ DELETE 11.2 NAME IRWIN H. LEVINE 11.3 STREET ADDRESS 1111 LINCOLN RD #322 11.4 CITY-ST-ZIP MIAMI BEACH, FL 33139	12.1 TITLE ☐ Change ☐ Addition 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP	13.1 TITLE ☐ Change ☐ Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	14.1 TITLE ☐ Change ☐ Addition 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP	15.1 TITLE ☐ Change ☐ Addition 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-ST-ZIP	16.1 TITLE ☐ Change ☐ Addition 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP
11.5 TITLE VPS ☐ DELETE 11.6 NAME KAREN WEXLER 11.7 STREET ADDRESS P. O. BOX 511 N/A 11.8 CITY-ST-ZIP HOLLYWOOD, FL 33022	12.5 TITLE ☐ Change ☐ Addition 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-ST-ZIP	13.5 TITLE ☐ Change ☐ Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP	14.5 TITLE ☐ Change ☐ Addition 14.6 NAME 14.7 STREET ADDRESS 14.8 CITY-ST-ZIP	15.5 TITLE ☐ Change ☐ Addition 15.6 NAME 15.7 STREET ADDRESS 15.8 CITY-ST-ZIP	16.5 TITLE ☐ Change ☐ Addition 16.6 NAME 16.7 STREET ADDRESS 16.8 CITY-ST-ZIP
11.9 TITLE ☐ DELETE 11.10 NAME 11.11 STREET ADDRESS 11.12 CITY-ST-ZIP	12.9 TITLE ☐ Change ☐ Addition 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP	13.9 TITLE ☐ Change ☐ Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP	14.9 TITLE ☐ Change ☐ Addition 14.10 NAME 14.11 STREET ADDRESS 14.12 CITY-ST-ZIP	15.9 TITLE ☐ Change ☐ Addition 15.10 NAME 15.11 STREET ADDRESS 15.12 CITY-ST-ZIP	16.9 TITLE ☐ Change ☐ Addition 16.10 NAME 16.11 STREET ADDRESS 16.12 CITY-ST-ZIP
11.13 TITLE ☐ DELETE 11.14 NAME 11.15 STREET ADDRESS 11.16 CITY-ST-ZIP	12.13 TITLE ☐ Change ☐ Addition 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP	13.13 TITLE ☐ Change ☐ Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP	14.13 TITLE ☐ Change ☐ Addition 14.14 NAME 14.15 STREET ADDRESS 14.16 CITY-ST-ZIP	15.13 TITLE ☐ Change ☐ Addition 15.14 NAME 15.15 STREET ADDRESS 15.16 CITY-ST-ZIP	16.13 TITLE ☐ Change ☐ Addition 16.14 NAME 16.15 STREET ADDRESS 16.16 CITY-ST-ZIP
14. I do 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.					
SIGNATURE: <i>Karen Wexler</i> KAREN WEXLER, PRESIDENT 04/28/96 (954)624-7822 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			600002164246 -05/02/97--01117--031 ***165.00		

CR2E034 (9/96)

4/30/97