FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:18
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000904 (4)

1. Corporate Name

NW Properties Corp.

Principal Place of Business	Mailing Address
%Jay Felner 4770 Tree Fern Drive Delray Beach, FL 33445	%Jay Felner 4770 Tree Fern Drive Delray Beach, FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1992
3a. Date of Last Report: 1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 88-0260426 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Felner, Jay
4770 Tree Fern Drive
Delray Beach, FL 33445

/s/

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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, if printed name, of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	Lefkovitz, Irving D.	12 NAME	
STREET ADDRESS	801 Skokie Blvd., #106	13 STREET ADDRESS	
CITY ST ZIP	Northbrook, IL 60062	14 CITY ST ZIP	
TITLE	V/D	21 TITLE	☐ Change ☐ Addition
NAME	Schwartzberg, Albert	22 NAME	
STREET ADDRESS	152 W. 57th St., 7th Fl.	23 STREET ADDRESS	
CITY ST ZIP	New York, NY 10019	24 CITY ST ZIP	
TITLE	V/D	31 TITLE	☐ Change ☐ Addition
NAME	Neshek, Thomas	32 NAME	
STREET ADDRESS	14 E. Walworth St.	33 STREET ADDRESS	
CITY ST ZIP	Elkhorn, WI 53121	34 CITY ST ZIP	
TITLE	V/D	41 TITLE	☐ Change ☐ Addition
NAME	Felner, Jeffrey	42 NAME	
STREET ADDRESS	625 Auburn Circle West	43 STREET ADDRESS	
CITY ST ZIP	Delray Beach, FL 33444	44 CITY ST ZIP	
TITLE	S/D	51 TITLE	☐ Change ☐ Addition
NAME	Goldman, Robert U.	52 NAME	
STREET ADDRESS	600 Central Avenue, Suite 365	53 STREET ADDRESS	
CITY ST ZIP	Highland Park, IL 60035	54 CITY ST ZIP	
TITLE	T/D	61 TITLE	☐ Change ☐ Addition
NAME	Wagner, Nathan	62 NAME	
STREET ADDRESS	600 Central Avenue, Suite 365	63 STREET ADDRESS	
CITY ST ZIP	Highland Park, IL 60035	64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added above or on an attachment with an addition.

SIGNATURE: _____ Robert U. Goldman, Sect/Director 4/25/95 (708) 432-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #