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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F92000000904 (4)**

1. Corporation Name

NW PROPERTIES CORP.

Principal Place of Business	Mailing Address
% JAY FELNER 4770 TREE FERN DR. DELRAY BEACH FL 33445	% JAY FELNER 4770 TREE FERN DR. DELRAY BEACH FL 33445

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

3. Date Incorporated or Qualified: 12/10/1992
3a. Date of Last Report: 05/01/1995
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 DR.
DELRAY BEACH FL 33445

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 _____ DATE _____
Signature, typed or printed name of registered agent and title of applicable officer. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☑ Addition
NAME	LEFKOVITZ, IRVING D		1.2 NAME	
STREET ADDRESS	801 SKOKIE BLVD., #106		1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL		1.4 CITY-ST-ZIP	60062
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☑ Addition
NAME	SCHWARTZBERG, ALBERT		2.2 NAME	
STREET ADDRESS	152 W 57TH STREET 7TH FLOOR		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	10019
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☑ Addition
NAME	NESHEK, THOMAS		3.2 NAME	
STREET ADDRESS	14 E. WALWORTH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHORN WI		3.4 CITY-ST-ZIP	53121
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☑ Addition
NAME	FELNER, JEFFREY		4.2 NAME	
STREET ADDRESS	625 AUBURN CIRCLE WEST		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	33444
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GOLDMAN, ROBERT U		5.2 NAME	
STREET ADDRESS	600 CENTRAL AVE., #365		5.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL 60035		5.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WAGNER, NATHAN		6.2 NAME	
STREET ADDRESS	600 CENTRAL AVE., #365		6.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL 60035		6.4 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)(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 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: _____ 3-15-96 (847) 432-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-4-96