


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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90039 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																									
DOCUMENT # F92000000904 1. Corporation Name NW PROPERTIES CORP.																																																																																																																													
Principal Place of Business % JAY FELNER 4770 TREE FERN DR. DELRAY BEACH FL 33445			Mailing Address % JAY FELNER 4770 TREE FERN DR. DELRAY BEACH FL 33445																																																																																																																										
2. Principal Place of Business 21 c/o 600 Central Avenue Suite, Apt. #, etc. 22 Suite 365 City & State 23 Highland Park, IL Zip 24 60035		2a. Mailing Address 26 c/o 600 Central Avenue Suite, Apt. #, etc. 27 Suite 365 City & State 28 Highland Park, IL Zip 29 60035		4. FEI Number 88-0260426 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Jay Felner 82 Street Address (P.O. Box Number is Not Acceptable) 4182 Live Oak Boulevard 83 84 City Delray Beach, FL 85 Zip Code 33445																																																																																																																										
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 <u>Jay Felner</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE <u>3/30/99</u>																																																																																																																													
12. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>VD</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>LEFKOVITZ, EDWIN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>26720 COUNTRY SIDE LAKE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MUNDELEIN IL 60060</td><td></td></tr><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>SCHWARTZBERG, ALBERT</td><td></td></tr><tr><td>STREET ADDRESS</td><td>50 MAIN STREET SUITE 435</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WHITE PLAINS NY 10606</td><td></td></tr><tr><td>TITLE</td><td>VD</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>NESHEK, THOMAS</td><td></td></tr><tr><td>STREET ADDRESS</td><td>14 E. WALWORTH ST.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>ELKHORN WI 53121</td><td></td></tr><tr><td>TITLE</td><td>VD</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>FELNER, JEFFREY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>625 AUBURN CIRCLE WEST</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>DELRAY BEACH FL 33444</td><td></td></tr><tr><td>TITLE</td><td>SD</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>GOLDMAN, ROBERT U</td><td></td></tr><tr><td>STREET ADDRESS</td><td>600 CENTRAL AVE., #385</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>HIGHLAND PARK IL 60035</td><td></td></tr><tr><td>TITLE</td><td>TD</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>WAGNER, NATHAN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>600 CENTRAL AVE., #385</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>HIGHLAND PARK IL 60035</td><td></td></tr></table>			TITLE	VD	<input type="checkbox"/> DELETE	NAME	LEFKOVITZ, EDWIN		STREET ADDRESS	26720 COUNTRY SIDE LAKE		CITY-ST-ZIP	MUNDELEIN IL 60060		TITLE	PD	<input type="checkbox"/> DELETE	NAME	SCHWARTZBERG, ALBERT		STREET ADDRESS	50 MAIN STREET SUITE 435		CITY-ST-ZIP	WHITE PLAINS NY 10606		TITLE	VD	<input type="checkbox"/> DELETE	NAME	NESHEK, THOMAS		STREET ADDRESS	14 E. WALWORTH ST.		CITY-ST-ZIP	ELKHORN WI 53121		TITLE	VD	<input type="checkbox"/> DELETE	NAME	FELNER, JEFFREY		STREET ADDRESS	625 AUBURN CIRCLE WEST		CITY-ST-ZIP	DELRAY BEACH FL 33444		TITLE	SD	<input type="checkbox"/> DELETE	NAME	GOLDMAN, ROBERT U		STREET ADDRESS	600 CENTRAL AVE., #385		CITY-ST-ZIP	HIGHLAND PARK IL 60035		TITLE	TD	<input type="checkbox"/> DELETE	NAME	WAGNER, NATHAN		STREET ADDRESS	600 CENTRAL AVE., #385		CITY-ST-ZIP	HIGHLAND PARK IL 60035		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"><tr><td>1.1 TITLE</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td>34500 Fox Ridge Drive</td></tr><tr><td>1.4 CITY-ST-ZIP</td><td>Evergreen, CO 80439</td></tr><tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td></td></tr><tr><td>2.4 CITY-ST-ZIP</td><td></td></tr><tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td></td></tr><tr><td>3.4 CITY-ST-ZIP</td><td></td></tr><tr><td>4.1 TITLE</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td>4236 Pine Hollow Circle</td></tr><tr><td>4.4 CITY-ST-ZIP</td><td>Green Acres, Florida 33463</td></tr><tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td></tr><tr><td>5.4 CITY-ST-ZIP</td><td></td></tr><tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td></tr><tr><td>6.4 CITY-ST-ZIP</td><td></td></tr></table>			1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS	34500 Fox Ridge Drive	1.4 CITY-ST-ZIP	Evergreen, CO 80439	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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS	4236 Pine Hollow Circle	4.4 CITY-ST-ZIP	Green Acres, Florida 33463	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	
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SIGNATURE: Robert U. Goldman, Secretary/Director

March 22, 1999 (847) 432-3666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0349751

CR2E034 (1/98)