

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F92000000904

1. Entity Name

NW PROPERTIES CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -6 PM 5:22

Principal Place of Business

C/O 600 CENTRAL AVE.
SUITE 365
HIGHLAND PARK IL 60035

Mailing Address

C/O 600 CENTRAL AVE.
SUITE 365
HIGHLAND PARK IL 60035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

88-0260426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELNER, JAY
4182 LIVE OAK BLVD.
DELRAY BEACH FL 33445

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LEFKOVITZ, EDWIN
253 E. DELAWARE, #10B
CHICAGO IL 60611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300032759453
04/14/04--01060--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SCHWARTZBERG, ALBERT
~~50 MAIN STREET SUITE 435~~
~~WHITE PLAINS NY 10606~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
44 South Broadway, Suite 614
10601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
NESHEK, THOMAS
14 E. WALWORTH ST.
ELKHORN WI 53121 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FELNER, JEFFREY
~~4296 PINER HOLLOW CIRCLE~~
~~GREEN ACRES FL 32462~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
4885 38th Circle
Vero Beach, FL 32967

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDV
GOLDMAN, ROBERT U
600 CENTRAL AVE., #365
HIGHLAND PARK IL 60035 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WAGNER, NATHAN
600 CENTRAL AVE., #365
HIGHLAND PARK IL 60035 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 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

Robert U. Goldman

3/22/2004

(847) 432-3666

Date

Daytime Phone #