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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400004589 1. Corporation Name

H.J.L. PROPERTIES, INC.

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90014 017 ***150.00



Principal Place	e of Business	Maili	ing Address				1 18411 W 1811 W 1811 W 1811 W 1811 W 1811	. azın ağlı: B			11 1 421
			15 valencia drive ICA raton FL 33433				DO NOT WRIT	E IN THIS	SPACE		٠
							3. Date Incorporated or Qualifed 09/06/1994				
2. Principal Pl	lace of Business	2a. N	Mailing Address				4. FEI Number			Applie	d For
21		26					31-1273205				pplicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Addi e Requi	J
City & State	е	28	City & State				Election Campaign Financing Trust Fund Contribution			00 Ma ded to F	
Zip	Country 25		(ip	Coun	itry		This corporation owes the curre Personal Property Tax.	nt year Inta	ngible X Yes		No:
24	9. Name and Address of Curre	1	red Agent	 			10. Name and Address of New Ro	gistered /	gent		
				- ;	81	Name					
LIEBOWITZ, HERBERT 7315 VALENCIA DRIVE				82	Street Add	ddress (P.O. Box Number is Not Acceptable)					
BOC	A RATON FL 33433			ļ.	83						
				-	84	City		FI	85	Zip Cod	ie e
11. Pursuant office or re	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607 te of Florida	7.1508, Florida Statute . Such change was at	es, the ab uthorized	ove by t	-named cor the corporat	poration submits this statement for the rition's board of directors. I hereby accept	the appoir	tment a	g its reg as regist	tered
agent. I a	m familiar with, and accept the oblig	gent and title if a	pplicable. (NOTE:	Registered A	tes.		red when reinstating)	DATE			
agent. I a	Signature, typed or printed name of registered ac	gent and title if a	pplicable. (NOTE:	Registered A	tes.		red when reinstating) ADDITIONS/CHANGES TO OFF				S IN 12
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS A	gent and title if a	pplicable. (NOTE:	Registered A	tes.				D DIRE		
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CITY-ST-ZIP 14. 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 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 distance 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 appear with an address, with any address, with any address, with any address, with any address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS