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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G02370**

1. Corporation Name

E.T. PROPERTIES, INC.

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

04-05-1999 90006 047 ***150.00



Principal Place	e of Business	Mailing Address				I 1981)11 Batt affith iteas 1911s 1881) asti atelt arest atest atest atest atest ates			
C/O M E LEVE		C/O M E LEVENSON			ľ				
	DOD BLVD. 3RD FLOOR	3801 HOLLYWOOD BLVD. 3RD FLOOR			1				
HOLLYWOOD FL 33021		HOLLYWOOD FL 33021				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						10/12/1982			
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number		` _	Applied For
21		26				59-2234739			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	5 Additional
22		27							Required
City & State	9 , .	City & State				Election Campaign Financing			00 May Be
23						Trust Fund Contribution		Adde	ed to Fees
Zip	Country	⊢ ¬ '	Country	;	ì	This corporation owes the cur	rent year inta		<u> </u>
24	25	29 30				Personal Property Tax.		☐ Yes_	□No
	9. Name and Address of Current	Registered Agent		1		0. Name and Address of New	Registered /	\gent_	
LEVENSON, MAURICE E.			81	Na	me				•
l	•		82	Stre	reet Address (P.O. Box Number is Not Acceptable)				
1	HOLLYWOOD BLVD.								
l	FLOOR LYWOOD FL 33021			1					
1100			84	City	y		FL	85 Z	ip 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	VAS	☐ DELETE 1	I.1 TITLE		ļ			☐ Char	ge 🔲 Addition
NAME	TEMIN, ESTHER	1 1	1.2 NAME						
STREET ADDRESS	3801 HWD BLVD 3RD FLOOR	1	1.3 STREE		ESS				-
CITY-ST-ZIP	HOLLYWOOD FL	1	I.4 CITY-S	T-ZIP					
πιE	VAS	☐ DELETE 2	2.1 TITLE					Chang	ge 🔲 Addition
NAME	TOIBER, JOSEFINA		2.2 NAME		ł				1
STREET ADDRESS	3801 HWD BLVD 3RD FLOOR	I ,	2.3 STREE		ESS				ł
CITY-ST-ZIP	HOLLYWOOD FL	1	2. 4 CITY-						
TITLE	VAS		3.1 TITLE	31-ZII				Chang	e Addition
)	TEMIN, OFELIA	The state of the s			\		•		
NAME	GOOD LINED PLAN AND ELOOP		3.2 NAME	T 4000				;	
STREET ADDRESS	HOLLYWOOD FL	WOOD EL		TADDRI	E30				[
CITY-ST-ZIP	DPS		3.4. CITY-5	sΓ-ZiP				Chang	ge
TITLE	· •		I.1 TITLE						,
NAME	TEMIN, ENRIQUE	1	I. 2 NAME		}				}
STREET ADDRESS	3801 HWD BLVD 3RD FLOOR	4	1.3 STREE	TADDRI	ESS .				
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-S						
TITLE	VAS	•	5.1 TITLE		Ì			Chang	ge 🗌 Addition
NAME	TEMIN, JACOBO		i.2 NAME						ĺ
STREET ADDRESS	3801 HWD BLVD 3RD FLOOR	15	i.3 STREET	TADDR	ESS				Į
CITY-ST-ZIP	HOLLYWOOD FL	LLYWOOD FL 5.4		CITY-ST-ZIP					}
TITLE		DELETE 6	3.1 TITLE					☐ Chang	je 🔲 Addition
NAME		6	2 NAME		}			:	Ì
STREET ADDRESS		6	3.3 STREET	TADDR	ESS				
			4.000/-0	T 700				•	

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 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, with all other like empowered.

SIGNATURE:

E EQUIRED OFFICER OR DIRECTOR