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

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT # G10319

THE PLAZA AT JAMES, INC.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

(3)

FILED Feb 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					8
% ABRAHAM A GALBUT. ESO. 999 WASHINGTON AVENUE MIAMI BEACH FL 33139		% ABRAHAM A. GALBUT. ESO. 993 WASHINGTON AVENUE MIAMI BEACH FL 33139		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal P	Place of Business	2a. Mailing Address		10/28/1982 4. FEI Number	
21	THE CONTRACTOR OF THE PARTY OF	26		59-2232679	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apl. #, etc.		-	¢0.75
22		27		5. Certificate of Status Desired L	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid to	
24	25 9. Name and Address of Current	Pagistared Spent	30	Personal Property Tax due June 30	
		unfligicien Wheim	B1 Name	10. Name and Address of New Regis	reled Agent
	LBUT, ABRAHAM A., ESQ.				
999 WASHINGTON AVENUE MIAMI BEACH FL 33139 82 Street Ad			ress (P.O. Box Number is Not Acceptable)		
MIP	MI DEAUN PL 33139		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	Signature typed or protect turne of regularizationers	and tile it apple able (NOTE	Begistered Agrint signature requir	red when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	IS AND DIRECTORS IN 12
TITLE	PST	L_] DETETE	1 1 TOLE		☐ Change ☐ Addition
NAME	GALBUT, HYMAN P.		1.2 NAME		
STREET ADDRESS	999 WASHINGTON AVENUE		: 1.3 STREET ADDRESS		
CITY ST ZIP	MIAMI BEACH FL	DETETE	1.4 CITY-ST-ZIP		
TITLE	D CALBUT HVMAN D		21 TITLE		☐ Change ☐ Addition
NAME	Galbut, Hyman P. 999 Washington Avenue		22 NAME		
STREET ADDRESS	MIAMI BEACH FL		2 3 STREET ADDRESS		
CHY-ST-ZIP THLE	VP	DELFIE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition
NAME	GALBUT, RUSSELL W.	23 / / / /	3.2 NAME		E. Cristiga E. A. Alcollott
STREET ADDRESS	999 WASHINGTON AVE.		3 3 STREET ADDRESS		
City-St-Zip	MIAMI BEACH FL		3.4. City-St-ZiP		
TITLE		🔲 ontië	41 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP			4 4 CITY - ST - ZIP		
TITLE		🗆 oriere	51 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-7IP			5 4 CiTY-ST-ZIP		
TITLE		L_I DELETE	61 TITLE		Change Addition
NAME			6 2 NAMÉ		
STREET ADDRESS			6.3 STREET ADDRESS		
14 hereby c	serbly that the information supplied with	this filma does not qualify for	the exemption stated in	Section 119 07(3)(i) Florida Statutes Literal	her certify that the information
14. Thereby certify that the information supplied with this filing does not quality 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 eath; that I am an officer or director of the corporation or the receiver or frustee 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, growth attachment with an address.					

2/18/98

(305) 672-3100