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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G45691**

| DADELA | ND SQUARE, INC. | | | | | |
|--|--|--|---------------------------------|-------------|--|-----------------------------------|
| Principal Place of Business 7700 N. KENDALL STE 200 MIAMI FL 33156 | | Mailing Address 7700 N KENDALL STE 200 MIAMI FL 33156 | | | DO NOT WRITE IN T | |
| US | | US | | | 3. Date Incorporated or Qualifed 06/17/1983 | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Apriled For |
| Suite, Act. | # oto | Suite, Apt. #, etc. | | | 52-1299684 | Not Applicable \$8.75 Additional |
| 22 | ,, 616. | 27 | | | 5. Certificate of Status Desired | Fee Required |
| City & State | 9 | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Cour try | Zip | Country | | 8. This curporation owes the current year | |
| 24 | 25 | 29 | 30 | | Persor al Property Tax. | Yes I∃No |
| | 9. Name and Address of Current | Registered Agent | | 1 | 10. Name and Address of New Register | ed Agent |
| CDE | en, elizabeth a., esq. | | 81 | Name | • | |
| | N. KENDALL DR | | 82 | Street | At dress (P.O. Box Number is Not Acceptable) | |
| STE | · · · · · - · · - · · | | 83 | | | |
| MIAIM | Al FL 33156 | | | <u></u> | | |
| | | | 84 | City | F | 85 Zip Code |
| office of re agent. Lar SIGNATUFE | egistered agent, or both, in the State on the state of the accept the obligated as the colligated are the obligated as the colline of the col | of Florida. Such change was allons of, Section 607.0505, Fl | authorized by orida Statutes | the corp | I corporation submits this statement for the purpose portition's board of clirectors. I hereby accept the appropriate the purpose of the purp | r ointment as reg stered |
| 12. | Signature, typed or printed na ne of registered agen OFFICERS AN | | 13. | - signature | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | D | DELETE | 1.1 TITLE | | | Change Additio |
| NAME. | GREEN, H.V. | | 1.2 NAME | | Green, Herschel V. | |
| STREET ADDRESS | 7700 N. KENDALL DR STE 200 | | 1.3 STREE | TADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33156 | | 1.4 CITY- S | T-ZIP | | Change (X) Additio |
| TITLE | vpd Green, Elizabeth A. | ☐ DELETE | 2.1 TITLE | | | Change Additio |
| NAME | 7700 N KENDALL DR STE 200 | | 2.2 NAME | TADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | MIAMI FL | | 2.4 CITY- | | ZIP 33 | 3156 |
| TITLE | PD | ☐ DELETE | 3.1 TITLE | - | | ☐ Change ☐ Additio |
| NAME | BROWN, GEORGE R., JR. | | 3.2 NAME | | | |
| STREET ADDRESS | 7700 N KENDALL DR - STE 20 | 0 | 3.3 STREE | TADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33156 | | 3.4. CITY- | ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 4.1 TITLE | | | ☐ Change 🔀 Additio |
| NAME | HORTON, RICHARD M | n | 4 2 NAME | | | |
| STREET ADORESS. | 7700 N KENDALL DR - STE 20 MIAMI FL | v | | TADDRESS | ZIP 3315 | · /_ |
| CITY-ST-ZIP TITLE | | . DELETE | 4.4 CITY-5 | 1-212 | <u> </u> | Change |
| NAME | grad, Susan A 7700 n. Kendall dr., Steft Miami fl | - delete | 5.2 NAME | | | v / |
| STREET ADDRESS | 7700 N. KENDALL DR., STET | 200 | | TADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 5.4 CITY-5 | | ZIP 3315 | Í |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Change Additio |
| NAME | | | 62 NAME | | | |

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 recluired 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.

DADELAND SQUARB FNC.

SIGNATURE: By:

4-20~99

(305) 670~1000

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE: By SIGNATURE AN

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

(305) 670-1000

CR2E034 (11/98)