

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 # J45554

1. Corporation Name

SUCHMAN CORPORATE PARK, INC.

Principal Place of Business

% SHANE-SUCHMAN REAL ESTATE CO.
1550 MADRUGA AVE. #230
CORAL GABLES FL 33146

Mailing Address

% SHANE-SUCHMAN REAL ESTATE CO.
1550 MADRUGA AVE. #230
CORAL GABLES FL 33146

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90119 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1986

4. FEI Number

59-2776453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAWRENCE E SUCHMAN
1550 MADRUGA AVE SUITE 230
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

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

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME SUCHMAN, CLIFFORD L.
STREET ADDRESS 185 COCOPLUM ROAD
CITY-ST-ZIP MIAMI FL 33143

TITLE V ☐ DELETE

NAME SUCHMAN, DANIEL A
STREET ADDRESS 328 MINORCA AVE.
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE V ☐ DELETE

NAME SUCHMAN, LAWRENCE E.
STREET ADDRESS 1550 MADRUGA AVE. #230
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ST ☐ DELETE

NAME ROBERTS, PETER A
STREET ADDRESS 14930 S.W. 86 AVE
CITY-ST-ZIP MIAMI FL

TITLE ST ☐ DELETE

NAME ROBERTS, PETER A.
STREET ADDRESS 9345 SW 130 ST.
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-99 305-667-6461

CR2E034 (11/98)