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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J62504** 1. Corporation Name

MAQ PROPERTY INVESTORS, INC.

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GECRETA Y OF STATE TALLAHASSEE, FLORIDA



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Principal Place	of Business	Mailing Address		I I THE TITLE WITH BITTED IN BISTO WISH WIND	minit minu dimii dimii nino indi	
100 JERICHO O SUITE 214 JERICHO NY 11 US		100 JERICHO QUADRAGLE SUITE 214 JERICHO NY 11753 US		DO NOT WRITE IN THI 3. Date incorporated or Qualifed 03/18/1987	S SPACE	- -
Suite, Apt.		2a. Mailing Address 26 Suite, Apt #. etc 27		4. ET Number 65-0002247 5. Certificate of Status Desired []	Applied For Not Applicable \$8.75 Additional Fee Required	71 11
City & State 23 Zip 24	Country [25]		Country	6. Election Campaign Financing Trust Fund Centribution 8. This corporation owes the current year to Personal Property Tax	[IYes	
1200	9. Name and Address of Current F CORPORATION SYSTEM SOUTH PINE ISLAND ROAD ITATION FL 33324	Registered Agent	81 Name 82 Street Addr	10. Name and Address of New Registered ress (P.O. Box Number is Not Acceptable)	H \$150.00	-
office or re	to the provisions of Sections 607 0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was a	uthorized by the corporate	Figure 1 to 1 the purpose on's board of directors. Thereby accept the appropriate to 1 the purpose on 1 thereby accept the appropriate to 1 thereby accept the 1 ther	85 Zip Code of changing its registered continers as registered	•
SIGNATURE	Signature, typed or printed name of registered agent a-	nd titler if apple athir (NOTE	Registered Agent signaturine require	d when recestate grant DATE		<u>-</u>
12.	OFFICERS AND	the contract of the contract o	13.	ADDITIONS/CHANGES TO OFFICERS A		6/
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NAME	ASHNER, MICHAEL L.		12 NAME	CONSTAN,		F034
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes of further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signalure shall have the same logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE CONTROL OF SIGNING OFFICER OR DIRECTOR

129/95 56 822-0022 -