

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J65303

(6)

1. Corporation Name

NORTHEAST PROPERTIES, INC.



Principal Place of Business

Mailing Address

C/O IRA MARCUS, P.A.  
625 N.E. 3RD AVENUE  
FT. LAUDERDALE FL 33304

C/O IRA MARCUS, P.A.  
625 N.E. 3RD AVENUE  
FT. LAUDERDALE FL 33304

2. Principal Place of Business

2a. Mailing Address

21 200 EAST LAS OLAS BLVD

26 200 EAST LAS OLAS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1900

27 SUITE 1900

City & State

City & State

23 FT. LAUDERDALE, FL

28 FT. LAUDERDALE, FL

Zip

Zip

24 33301

Country

Country

25 BROWARD

29 33301 30 BROWARD

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/03/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0001878

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

MARCUS, IRA  
C/O IRA MARCUS, P.A.  
625 N.E. 3RD AVENUE  
FT. LAUDERDALE FL 33304

81 Name

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

200 EAST LAS OLAS BLVD SUITE 1900

83

84 City

FT. LAUDERDALE

FL

85 Zip Code  
33301

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 ☐ DELETE  
NAME ST  
STREET ADDRESS MARCUS, IRA  
CITY-ST-ZIP 625 N.E. 3RD AVE.  
FT. LAUDERDALE FL

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS MARCUS, JANET A.  
CITY-ST-ZIP 625 N.E. 3RD AVE.  
FT. LAUDERDALE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 200 EAST LAS OLAS BLVD SUITE 1900  
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 200 EAST LAS OLAS BLVD SUITE 1900  
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this corporation; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)