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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K03579

(5)

PLAZA AT CORAL SPRINGS, INC.

FILED Apr 16 1998 8:00am Secretary of State



| 1 | | | | | | | | | | | | | | |
|--|---------------------------------------|-------------|---------------------|----------------|---------------|--|---------------------------|--|---|--|------------------------------|---------------------------------|--|--|
| Principal Place of Business Mailing Address | | | | | | | | | T TO BURELLY MIT ANIMA BUILD I BURE IN THE BURE | BIDII OLOK DICK D | il£(1 gjal) (84) | | | |
| 11811 NORTH FREEWAY 11811 NORTH FREEWAY | | | | | | | | | | | | | | |
| SUITE 300 SUITE 300 | | | | | | | | | | DO MOT MIDITE IN T | | | | |
| HOUSTON TX 77060-3239 HOUSTON TX 77060-3239 US | | | | | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | | |
| | | | | | | | | | | 11/23/1987 | | | | |
| 2. Principal P | Place of Busin | 1085 | 2a. Mailing Address | | | | | | 4. FEI Number | , | Applied For | | | |
| 21 | | | | | 26 | | | | | 59-2994644 | Ī | Not Applicable | | |
| Suite, Apt. | #, etc | | Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired | | Additional | | | |
| 22 | | | | | 27 | | | | , | J. Commodic of Change Declared | Fee | Required | | |
| City & Stat | ι ¢ | | City & State | | | | | | 6. Election Campaign Financing | | May Be | | | |
| Zip Country | | | | | Zip Country | | | | | Trust Fund Contribution | | d to Fees | | |
| 24 | 25 | | | 29 | 30 | | | , | | 8. This corporation owes or has paid the current year Intargible Personal Property Tax due June 30. Yes No | | | | |
| | 9. Name | | | glatered Agent | | | | 10. Name and Address of New Registered Agent | | | | | | |
| BEYER, DAVID A. | | | | | | | | | 81 Name | | | | | |
| % RUDNICK & WOLFE | | | | | | | 82 Street Address (P.O. B | | | ss (P.O. Box Number is Not Acceptable) | | | | |
| 10 | | 62 Street | | | | ss (F.O. Box Number is Not Acceptable) | | | | | | | | |
| TAMPA FL 33802 | | | | | | | | | | | | | | |
| | | | | | | | Ci | ty | | - 85 Zir | p Code | | | |
| 44 Dura and to the manufacture of Continue COT OCCO and COT OCCO | | | | | | | | L | | | | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-noffice or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | ration submits this statement for the purpos n's board of directors. I hereby accept the | se of changing appointment a | its registered as registered | | |
| SIGNATURE | | | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered | | | | | | | | | nature required | | | | | |
| 12. | DP | OFFI | CERS AND D | IREC | | 13 | | | | ADDITIONS/CHANGES TO OFFICERS | | | | |
| NAME | , -, | FAUSTO | | | ☐ DELETE | | TITLE | | - [| | Change | E L. Addition | | |
| STREET ADDRESS | | LUGANO, VI | A CR | | | | NAME | | | | | | | |
| | | 14 SWITZERI | | | | | STREET | | | | | ļ | | |
| CITY-ST-ZIP TITLE | VP | | | DELETE 2.171 | | | CITY-S | T-ZIP | <u> </u> | | Change | Addition | | |
| NAME | HATFIEL | D. KEN | | | C brerit | | | | | | LJ Change | e ∐ Addition ¹ | | |
| STREET ADDRESS | 11811 NORTH FREEWAY 300 | | | | i | | | 22 NAME 23 STREET ADDRESS | | | | İ | | |
| CITY-ST-ZIP | HOUST | | | | | | | | | * | | | | |
| TITLE | ST | | | | DELETE | | CITY-: | 51-ZI | - | | ☐ Change | Addition | | |
| NAME | | RI, MICHAEL | | | | • | NAME | | | | Unlarige | Addition | | |
| STREET ADDRESS | | ORTH FREE | WAY 300 | | | | STREET | ₹ U.Do | F C C | | | | | |
| CITY-ST-ZIP | HOUSTO | | | | | | CITY- | | | | | | | |
| TITLE | | | | | DELETE | | TITLE | 21 - EH | <u> </u> | | Change | Addition | | |
| NAME | | | | | - | | NAME | | | | 090 | | | |
| STREET ADDRESS | | | | | | | STREET | ADDR | rss | | | | | |
| CITY-ST-ZIP | | | | | | | CITY - S | | | | | | | |
| TITLE | | | | | ☐ DELETE | 5.1 | TITLE | | | | Change | Addition | | |
| NAME | | | | | | - 8 | NAME | | | | _ • | | | |
| STREET ADDRESS | | | | | | 1 | STREET | ADOR | ESS | | | 1 | | |
| City-St-ZiP | | | | | | | CITY-S | | | | | İ | | |
| TITLE | · · · · · · · · · · · · · · · · · · · | | | | ☐ DELETE | | TITLE | | | | Change | Addition | | |
| NAME | | | | | | | NAME | | | | | | | |
| STREET ADDRESS | | | | | | | STAEET | ADDR | ESS | | | İ | | |
| CITY-ST-ZIP | | | | | | | CITY-S | | - 1 | | | 1 | | |
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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.