Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90014 044 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # K27499

1. Corporation Name

MIRAMAR WEST DEVELOPMENT CORP.

				_							
Principal Place	of Business	Mailing Address	S					. 818 11811 18811 81818 1		)   <del> </del>	
1489 W. PALME	TTO PARK RD.	1489 W. PALMET	TTO PARK RD.								
300		300						201127112		00405	
BOCA RATON FL 33486 BOCA RATON FL 33486								DO NOT WR		SPACE	
US		U\$					_ ·	orated or Qualifed	1		
							07/01/19				
2. Pripeipal Place of Business 2a. Mathipp Address					79		4. FEI Number			<u> </u>	plied For
21 1020	NE 1100 STIPLET	26 10	<u> </u>	2001	21		65-00585	15		<del></del>	ot Applicable
Suite, Apt. 1	#, etc. ピー(い)	Suite, Apt. #	‡, etc.				5. Certifcate of	Status Desired		Fee Re	Additional equired
City & State	Inni Reach Fl	28 V. State	iami f	Seac	h F	<u> </u>	6. Election Car	mpaign Financing			May Be to Fees
Zin	Country	Zi0 0	11-31-11	Country	<u> </u>			ition owes the cui	rrent vear In		
<b>ゅう</b> ろい	$\omega_2$ $\simeq 1.25 A$	293316	<b>D</b> 30	11尺	$\mathcal{H}_{\mathcal{C}}$		Personal Pr			Yes	□No
24 01	9. Name and Address of Current			·	-			Address of New	Registered	Agent	
<del></del>	e, ciante miss radioss of sulful			81	Name						
ZEDE	ECK, LEONARD E. ESQ			82				<del> </del>			
1820 NE 163 ST					Street	Addres	s (P.O. Box Num	ber is Not Accep	table)		
N MIAMI BEACH FL 33162											
	AMI DENOTTE GOTOE			83							
				84	City		_	•	FI	<b>85</b> Zip	Code
office or re agent. Las SIGNATURE	to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida. Such char tions of, Section 607	nge was autho '.0505, Florida	Statutes	tne corpo	oration	's board of direct	ors. I hereby acce	ept the appo	intment as re	ogistered
12.	OFFICERS AN			13.			ADDITIONS/	CHANGES TO O	FFICERS A	ND DIRECTO	ORS IN 12
TITLE	DTS		DELETE	1.1 TITLE			_			Change	☐ Addition
NAME I	ZEDECK, MURRAY			1.2 NAME		_	.0	_		•	
STREET ADDRÉSS	1489 W. PALMETTO PARK RD.	#300		1.3 STREE	ADDRESS	10	1 BOX 6	00429 Beach,	,		
CITY-ST-ZIP	BOCA RATON FL	# <b>55</b> 0		1.4 CITY-S		Äl.	MIDMI	Reach.	F/L	33160	ව
TITLE	DOOR HAIVII L		DELETE	2.1 TITLE		-	<u> </u>	<del></del> /	· <del></del>	Change	Addition
NAME		_		2.2 NAME						_	
				2.3 STREET	AUDBESS						
STREET ADDRESS											*
CITY-ST-ZIP			DELETE	2. 4 CITY-5 3.1 TITLE	11-41F	ļ. <u> </u>	_	-		☐ Change	☐ Addition
TITLE		L I	JCLL ! F	3.2 NAME						and the second	
NAME											
STREET ADDRESS				3.3 STREE							
CITY-ST-ZIP			DELETE	3.4. CITY-9	IT-ZIP		_			Change	Addition
TITLE			DELETE	4.1 TITLE							
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREE	FADDRESS						
CITY-ST-ZIP				4.4 CITY-S	T-ZIP		_				
TITLE		<u>'                                    </u>	DELETE	5.1 TITLE		1				Change	Addition

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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

Addition