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**

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90032 008 ***150.00

DOCUMENT # KRAGEO

1. Corporation Name MIDWAY MANOR, INC.	J 9
Principal Place of Business	Mailing Ad
700 S.E. THIRD AVENUE 3RD FLOOR FORT LAUDERDALE FL 33316	700 S.E. TH 3RD FLOOR FORT LAUD
2. Principal Place of Business 21 5081 Dune Rd	2a. Mailing
Suite, Apt. #, etc.	27 Suite, #
City & State 23 FL. Piece FL	28 F1

idress HIRD AVENUE

DERDALE FL 33316

|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

05/01/1989

2. Principal Pl	ace of Business	2a. Mailing Address	_ 4	4, FEI Number	Appli	ed For
21 508	~ ~ ^	26 5081 Dunn	RJ .	65-0116272	Not A	Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Add	litional
22		27		5. Certificate of Status Desired	Fee Requ	ired
City & State	9	City & State		6. Election Campaign Financing	\$5.00 Ma	ау Ве
23 FL.	Pierce FL	28 Ft. P: erea	FL	Trust Fund Contribution	Added to F	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		_
24 3498	25	29 34981 30		, Personal Property Tax.	Yes _]No
<u></u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	red Agent	
			81 Name	Hararave Robert 9	= ·	
	SER, IRWIN		82 Street		<u> </u>	
	s.e. Third avenue		270	Address (P.O. Box Number is Not Acceptable)		
	FLOOR		83			
FOR	T LAUDERDALE FL 33316				85 Zip Co	
			84 City	=L Lauderdade 1	FL 85 Zip Co	
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes.	the above-named	corporation submits this statement for the purpos	e of changing its re	edistered
office or r	egistered agent or both in the State o	if Florida. Such change was autho	onzea by the como	pration's board of directors. I hereby accept the a	ppointment as regis	stered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida		3/2/9	9	
SIGNATURE	Signature, typed or printed name of egistered agent	Kabert F. Me	Istered Agent signature re		<u> </u>	
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS	S IN 12
TITLE	PD OF FICERS AND	DELETE	1.1 TITLE	Pres	Change	Addition
NAME	FUSS, LEONA	~	1.2 NAME		·	'
			1.3 STREET ADDRESS	Hargrave, Robert F.		
STREET ADDRESS	800 N. FORK ROAD		1.4 CITY-ST-ZIP	270 S.W. 18th ST	11	
CITY-ST-ZIP	STUART FL 34994	™ DELETE	2.1 TITLE	proposition of the second	Change	Addition
TITLE	DST	Z-OLLL IL	2.2 NAME		_ ,	
NAME	WEISER, IRWIN			`		
STREET ADORESS	700 S.E. THIRD AVENUE	Í	2.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	El polore	2. 4 CITY-ST-ZIP	<u> </u>	☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE	-	_ , LI ondigo	·
NAME			3.2 NAME			
STREET ADDRESS		j	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE		∵ Citalige	
NAME			4. 2 NAME		•	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	51 TITLE	·	Change	☐ Addition
NAME			5.2 NAME	•		
STREET ADDRESS		,	5.3 STREET ADDRESS		•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME	•		
STREET ADDRESS			6.3 STREET ADDRESS			
טותבנו אבטתבטט			CACITY OF 71D			

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: