

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K88918** (3)

1. Corporation Name:

MILESTONE G.V. DEVELOPERS, INC.



Principal Place of Business:

% IRWIN S. GARS
2665 S. BAYSHORE DR., SUITE M-103
COCONUT GROVE FL 33133

Mailing Address:

% IRWIN S. GARS
2665 S. BAYSHORE DR., SUITE M-103
COCONUT GROVE FL 33133

2. Principal Place of Business:

21 State, Apt. #, etc.

22 City & State:

23 Zip:

Country:

24

25

2a. Mailing Address:

26 State, Apt. #, etc.

27 City & State:

28 Zip:

Country:

29

30

9. Name and Address of Current Registered Agent

GARS, IRWIN S.
2665 S. BAYSHORE DR.,
SUITE M-103
COCONUT GROVE FL 33133

3. Date Incorporated or Qualified:

05/17/1989

3a. Date of Last Report:

03/16/1995

4. FEI Number:

65-012828

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

81 Name:

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

83

84 City:

FL

85 Zip Code:

11. Pursuant to the provisions of Sections 607.01(4)(c) and 607.15(3)(b), 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of such as 607.01(4)(c), Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: D NAME: GARS, IRWIN S. STREET ADDRESS: 2665 S. BAYSHORE DR. CITY, ST., ZIP: COCONUT GROVE FL	1. TITLE: ☐ Change ☐ Add on
2. TITLE: D NAME: SHAPIRO, MICHAEL A. STREET ADDRESS: 2665 S. BAYSHORE DR. CITY, ST., ZIP: COCONUT GROVE FL	2. TITLE: ☐ Change ☐ Addition
3. TITLE: D NAME: DIXON, ROBERT STREET ADDRESS: 2665 S. BAYSHORE DR. CITY, ST., ZIP: COCONUT GROVE FL	3. TITLE: ☐ Change ☐ Addition
4. TITLE: D NAME: LENARD, HOWARD STREET ADDRESS: 2665 S. BAYSHORE DR. CITY, ST., ZIP: COCONUT GROVE FL	4. TITLE: ☐ Change ☐ Addition
5. TITLE: D NAME: SUSSMAN, PAUL STREET ADDRESS: 4201 N. OCEAN DR #605 CITY, ST., ZIP: HOLLYWOOD FL	5. TITLE: ☐ Change ☐ Addition
6. TITLE: D NAME: PASSALACQUA, JOHN STREET ADDRESS: 4201 N. OCEAN DR #605 CITY, ST., ZIP: HOLLYWOOD FL	6. TITLE: ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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, the recipient 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)