

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L32998** (1)
1. Corporation Name
D.X. PROPERTIES, INC.

Principal Place of Business 100 CENTURY BLVD W. PALM BEACH, FL 33417 US	Mailing Address 100 CENTURY BLVD W. PALM BEACH, FL 33417 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/27/1989		4. FEI Number 65-0169793		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Additional Fee Required \$8.75		May Be Added to Fees \$5.00	

9. Name and Address of Current Registered Agent KAHANT, ELAINE 19146 LYONS ROAD BOCA RATON FL 33434				10. Name and Address of New Registered Agent 81 Name ELAINE HAUFF 82 Street Address (P.O. Box Number is Not Acceptable) SAME 83 84 City FL 85 Zip Code			
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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 *Elaine Hauff* 3-11-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	WILENSKLY, ALVIN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	C	LEVY, H. IRWIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		100 CENTURY BLVD.		1.2 NAME		100 CENTURY BLVD.	
STREET ADDRESS		WEST PLAM BACH FL 33417		1.3 STREET ADDRESS		WEST PALM BEACH, FL 33417	
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	VT	KAHANT, ELAINE	<input type="checkbox"/> DELETE	2.1 TITLE	VT	HAUFF, ELAINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		100 CENTURY BLVD		2.2 NAME		100 CENTURY BLVD.	
STREET ADDRESS		W. PALM BEACH FL		2.3 STREET ADDRESS		WEST PALM BEACH, FL 33417	
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	S	FLOYD, ORILLA	<input type="checkbox"/> DELETE	3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		100 CENTURY BLVD		3.2 NAME			
STREET ADDRESS		WEST PALM BEACH FL 33417		3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	DP	BRENNER, STANLEY	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DP	MESHON, LOUIS SR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		100 CENTURY BLVD.		4.2 NAME		100 CENTURY BLVD.	
STREET ADDRESS		WEST PALM BEACH FL 33417		4.3 STREET ADDRESS		WEST PALM BEACH, FL 33417	
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: *Elaine Hauff, VP Elaine Hauff* 3-11-98 561-487-9621

CR2E034 (10/97)