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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L50563

(0)

## **FILED** May 05 1997 8:00am Secretary of State

MONOP	OLY REAL ESTATE, INC.									
Principal Place	of Business	Mailing Address				-	ant Clost Bioth II	III DIDII BIBLI	eleit I <b>VI</b> I	
MONOPOLY REAL ESTATE INC		1515 UNIVERSITY DR								
1515 UNIVERSITY / STE - 201		#201	#201							
CORAL SPRING	IS FL 33071	CORAL SPRINGS FL 33071	-6084							,
US		U\$				3. Date Incorporated or Qualifie		e of Last R	eport	
<b>A B</b> ( <b>B</b> )						02/12/1990 4. FE! Number	03/2	5/1996		ļ
	ace of Business	2a. Mailing Address				1 7"			plied For	
21	11.010		26			65-0179196			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
City & State		City & State	·			. 5) .: 0 . 5:			·	
23	,	28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	Country	7ip	Cour	 ntrv		8. This corporation has liability f				
24	25	29	30	,		Florida Statutes	Yes [		199.037,	
-71	9. Name and Address of Current		100			10. Name and Address of New				l
LIPT	ON, SIMON C.	<u></u>		<b>81</b> Na	me		· · · · · · · · · · · · · · · · · · ·			
	30 SW 1ST STREET		}	<b>B2</b> St	A el el	one (B.O. Do. Murchagia Mat Again	4 - 5 ( - )			}
COR	AL SPRINGS FL-33431 3307	1		<b>DZ</b> 511	eet Addre	ess (P.O. Box Number is Not Accep	taolej			
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			1					T. 1 27 "7		
				84 Ci	ly .		FL	85 Zip (	071	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	os, the ab	l_ ove-na	med corpo	oration submits this statement for th	e purpose of	changing it	s registered	}
office or n	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was a tions of Section 607 0505. Fig	authorizec orida Stati	f by the	corporation	on's board of directors. I hereby ac	cept the appo	ointment as	registered	
SIGNATURE	The first that a following the orange	1010 01, 000101 001.0000, 110	onnia Olan							
SIGNATURE	Signature, typed or printed name of registered agen	Land tille if applicable (NOTI	Hr gistored	Agent sig	nature require	d where reinstating)	DATI			_
12,	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AND		S IN 12	(96/6)
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NAME	LIPTON, SIMON C.		1.2 NA	MÉ						8
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CITY-ST-ZIP	CORAL SPRINGS FL			Y-\$1-71					<del></del>	英
TITLE	D DECEMBER	☐ DETEIF	2110					Change	L_ Addition	١
NAME	LIPTON, DEBBIE L.		2.2 NA		İ					
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NAME DESCRIPTION			6.2 NA		erre					
STREET ADDRESS			1	RELL ADDE	ì				ļ	}
CITY-ST-ZIP	and the that the information a muliad	Lucith this Churc door not small	■ 6.4 CI	1Y-S1-2IP		in Spotion 110 (17/2)/i) Florido Stat	utan I further	cortify that	the	-

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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.