

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L74526** (9)
1. Corporation Name
ESTATES OF TANGLEWOOD INC.



Principal Place of Business % ALAN PINKWASSER 2145 NE 204 ST N MIAMI BEACH FL 33179	Mailing Address % ALAN PINKWASSER 2145 NE 204 ST N MIAMI BEACH FL 33179-2220
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1990	3a. Date of Last Report 04/22/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 22-3046995		Applied For ☐ Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent PINKWASSER, ALAN 2145 NE 204 ST N MIAMI BEACH FL 33179				10. Name and Address of New Registered Agent	
81. Name					
82. Street Address (P.O. Box Number is Not Acceptable)					
83.					
84. City				85. Zip Code	FL

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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	KRAUT, WILLIAM			1.2 NAME			
STREET ADDRESS	2145 NE 204 ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL			1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	PINKWASSER, ALAN			2.2 NAME			
STREET ADDRESS	2145 NE 204 ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL			2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	FISCH, ERWIN			3.2 NAME			
STREET ADDRESS	2145 NE 204 ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL			3.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	WILF, JOSEPH			4.2 NAME			
STREET ADDRESS	2145 NE 204 ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 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			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 _____ William Kraut, 4/12/97

CR2E034 (9/96)