

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L97451 (3)

1. Corporation Name

FIELDERS CROSSING-DALLAS, INC.

Principal Place of Business
7777 Glades Road
Suite 300
Boca Raton FL
33434

Mailing Address
7777 Glades Road
Suite 300
Boca Raton FL
33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/90

4. FEI Number

65-6314367

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 Broad & Cassel

Suite, Apt. #, etc.

22 as above

City & State

23

Zip

Country

24

2a. Mailing Address

26 Broad & Cassel

Suite, Apt. #, etc.

27 as above

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DEUTCH, JEFFREY A.E.

7777 Glades Road

Suite 300

Boca Raton FL 33434

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 607.0502 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 signature required when rehashing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
POMERANTZ, SAUL
8600 DECARIE BLVD, SUITE 200
TOWN OF MOUNT ROYAL OC

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TVD
GATTINGER, FRANK
8600 DECARIE BLVD., SUITE 200
TOWN OF MOUNT ROYAL OC

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VASD
POMERANTZ, TERRY
8600 DECARIE BLVD., SUITE 200
TOWN OF MOUNT ROYAL OC

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700002461537

-03/19/98--01007--034

***150.00

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: FRANK GATTINGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 1998 (514)34198600

Date

Daytime Phone #

CR2E034 (10/97)