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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L98537

1. Corporation Name

(8)

YALE PROPERTIES-BOCA ONE, INC.

FILED
Apr 21 1997 8:00am
Secretary of State

| Principal Place of Business Mailing Address  5675 SW 35TH AVENUE 5675 SW 35TH AVENUE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 3331 US |                                       |                                   |                           | <del></del>   | · · · · · · · · · · · · · · · · · · · |   |  |                                 |                 |
|--|---------------------------------------|-----------------------------------|---------------------------|---------------|---------------------------------------|---|--|---------------------------------|-----------------|
|  |                                       |                                   |                           |               |                                       | 3. Date Incorporated or Qualified 09/10/1990                                    | 3a. D  | ate of Last F<br><b>05/1996</b> | ₹eport          |
| 2. Principal F   | Place of Business                     | 2a. Mailing Address               | 2a. Mailing Address<br>26 |               |                                       | 4. FEI Number<br>65-0216701   | FEI Number Applied For 65-0216701 Not Applicable |                                 |                 |
| Suite, Apt.  | . <b>#, €</b> IG.                     | Suita, Apt #, etc.                |                           |               | 5. Certificate of Status Desired      |   | \$8.75 Additional<br>Fee Required                |                                 |                 |
| City & Stat  | te                                    | City & State                      |                           |               | 6. Election Campaign Financing        | \$5.00 May Be   |  |                                 |                 |
| <b>23</b> Zip  | Country                               | <b>28</b>                         | Cou                       | intry         |                                       | Trust Fund Contribution   |  |                                 | to Fees         |
| 24   | 25                                    | 29                                | 30                        | ,, ,          |                                       | 8. This corporation has liability for Florida Statutes                          | intangibi∈<br>∐Yes [                             |                                 | i. 199.032,     |
|  | 9. Name and Address of Curre          | ent Registered Agent              |                           |               |                                       | 10. Name and Address of New Re  | gistered   | Agent                           |                 |
|  | CKELBAUM, GORDÓN                      |                                   |                           | 81 1          | Vame                                  |   |  |                                 |                 |
|  | 5675 SW 35TH AVENUE                   |                                   |                           |               | Street Addre                          | ess (P.O. Box Number is Not Acceptat  | ote)   |                                 |                 |
| FOI  | RT LAUDERDALE FL 33312                |                                   |                           | <u> </u>      |                                       |   |  |                                 | <del></del>     |
|  |                                       |                                   |                           | 83            |                                       |   |  |                                 |                 |
|  |                                       |                                   |                           | B4 (          | City                                  |   |  | <b>85</b> Zip                   | Code            |
|  |                                       | 7000 7000 5                       |                           | $oxed{oxed}$  |                                       | oration submits this statement for the poor's board of directors. I hereby acce | FL   |                                 | <del> </del>    |
| SIGNATURE  |                                       | ND DIRECTORS                      | 13,                       |               | signature require                     | ed when reinstaling) ADDITIONS/CHANGES TO OFFICE                                | DATE<br>CERS AND                                 |                                 |                 |
| TITLE  | DVP<br>RICHTER, SAM                   | ☐ DELETE                          | 1.1 T                     |               |                                       |   |  | Change                          | Addition        |
| NAMS   | 3100 N OCEAN BLVD                     |                                   | 1.2 N                     |               | }                                     |   |  |                                 |                 |
| STREET ADDRESS   | FORT LAUDERDALE FL                    |                                   |                           | TREET AD      |                                       |   |  |                                 |                 |
| City-St-ZIP<br>Title   | DS                                    | ☐ DELETE                          | 2.1 T                     | ITY - \$1 - 2 | ZIP                                   |   |  | Change                          | Addition        |
| NAME   | RICHTER, MORRIS                       | Oppic                             |                           | AME           |                                       |   |  | Contrado                        | - Filodition    |
| STREET ADDRESS   | 3801 N 41ST AVENUE                    |                                   |                           | TREET AD      | DRESS                                 |   |  |                                 | i               |
| CITY-S1-ZIP  | HOLLYWOOD FL                          |                                   |                           | CITY-ST-      |                                       |   |  |                                 |                 |
| TOLE   | DP                                    | DELETE                            | 3.1 T                     |               |                                       |   |  | Change                          | Addition        |
| NAME   | DECKELBAUM, GORDON                    |                                   | 3.2 N                     | AME           | ]                                     |   |  |                                 |                 |
| STREET ADDRESS   | 5675 SW 35TH AVENUE                   |                                   | 3.3 S                     | treet ad      | DRESS                                 |   |  |                                 |                 |
| CITY-SE ZIP  | FORT LAUDERDALE FL                    |                                   |                           | :XY-\$1       | ZIP                                   |   | ·<br>  |                                 |                 |
| BILL   |                                       | DELETE                            | 4.1 T                     |               |                                       |   |  | Change                          | Addition        |
| NAME   |                                       |                                   | 4.21                      |               |                                       |   |  |                                 |                 |
| STREET ADDRESS   |                                       |                                   | 1                         | TAEET AD      | 1                                     |   |  |                                 |                 |
| CHY S1-Z0  |                                       | [ ] Delete                        |                           | ITY-ST-       | ZIP                                   | ····  |  | Chance                          | Audit           |
| TIME   | 1                                     | ☐ DELETE                          | 5.1 T                     |               |                                       |   |  | Change                          | ☐ Addition      |
| NAME   |                                       |                                   | 5.2 N                     |               |                                       |   |  |                                 |                 |
| STREET ACORESS   | 1                                     |                                   | 1                         | TREET AD      | l l                                   |   |  |                                 |                 |
| CITY-ST-20F  |                                       | DELETE                            | 5.4 C<br>6.1 T            | 11Y-\$T-7     | ZIP                                   |   |  | Change                          | Addition        |
| FILE   |                                       | L_J UELCIE                        | •                         |               | 1                                     |   |  | e_i onange                      | Last Modificons |
| NAME   |                                       |                                   | 6.2 N                     |               | opree                                 |   |  |                                 |                 |
| STREET ADDRESS   |                                       |                                   | - 6                       | TREET AD      | i                                     |   |  |                                 |                 |
| C(TY - S1 - ZIP  | hy certify that the information suppl | ied with this filing does not aus |                           | ITY-ST-       |                                       | in Section 119 07(3)(i) Florida Statute   | e Liurthe  | or cortify the                  | 1 tha           |

4. 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 us 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:

TRANSPORT OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FOR SIGNING OFFICER OR DIRECTOR COCKEL BAUM 4/15/97 934-

954-983-6310