

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90167 032 ***150.00

DOCUMENT # M63521

1. Corporation Name

BANKATLANTIC VENTURE PARTNERS 5, INC.

Principal Place of Business

% JOHN E. ABDO
1750 E SUNRISE BLVD
FT. LAUDERDALE FL 33304

Mailing Address

% JOHN E. ABDO
1750 E SUNRISE BLVD
FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1987

4. FEI Number

65-0017328

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARVALHO, JEAN
1750 E SUNRISE BLVD
FT. LAUDERDALE FL 33304

81 Name JACK A. FURNAN, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)
1750 E. SUNRISE BLVD.

83

84 City FORT LAUDERDALE FL 85 Zip Code 33304

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

Jack A. Furnan JACK A. FURNAN

2/2/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME ABDO, JOHN E.
STREET ADDRESS 1750 E SUNRISE BLVD
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE S ☒ DELETE

NAME CARVALHO, JEAN
STREET ADDRESS 1750 E. SUNRISE BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VPD ☐ DELETE

NAME GILBERT, GLEN
STREET ADDRESS 1750 EAST SUNRISE BOULEVARD
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE SECRETARY ☒ Change ☐ Addition

2.2 NAME JARETT S. LEVAN
2.3 STREET ADDRESS 1750 E. SUNRISE BLVD.
2.4 CITY-ST-ZIP FT. LAUDERDALE, FLA. 33304

3.1 TITLE V/T/D ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE C/D ☐ Change ☒ Addition

4.2 NAME Alan B. Levan
4.3 STREET ADDRESS 1750 East Sunrise Boulevard
4.4 CITY-ST-ZIP Fort Lauderdale, FL 33304

5.1 TITLE D/V ☐ Change ☒ Addition

5.2 NAME Frank J. Abdo
5.3 STREET ADDRESS 1750 East Sunrise Boulevard
5.4 CITY-ST-ZIP Fort Lauderdale, FL 33304

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Jarett S. Levan JARETT S. LEVAN

2/2/99

954-760-5465

Date

Daytime Phone #

CR2E034 (11/98)