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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M72791

(0)

May 15 1998 8:00an
Secretary of State

STATE ROAD 46 DEVELOPMENT CORP.									
Principal Place	e of Busines	s	Ма	iling Address					
1320 S. DIXIE	HWY SUIT	E #940		320 S. DIXIE HWY SL	JITE #940				
CORAL GABL	CORAL GABLES FL 33146 CORAL GABLES FL 33146							DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	
								03/21/1988	
2. Principal Pi	ace of Busi	ness	28.	2a. Mailing Address				4. FEI Number Applied For	
21			26					<b>59-2878475</b> Not Applica	
Suite, Apt. :	#, etc.			Suite, Apt. #, etc				5. Certificate of Status Desired  \$8.75 Additional	
City & State		<del></del> -		City & State				Fee Required	
23	7			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip		Country		Zip	Cour	ntry		8. This corporation owes or has paid the current year Intangible	
4		25	29		30			Personal Property Tax due June 30.  Yes No	
		and Address of (	Current Regist	ered Agent				10. Name and Address of New Registered Agent	
		, Bernard			•	81	Name		
		HWY STE 940				82	Street Addr	dress (P.O. Box Number is Not Acceptable)	
CO	ral Gabl	ES FL 33146			-	83			
					l	ا۳			
						84	City	FL 85 Zip Code	
SIGNATURE		or printed name of region		Tapplicable (NO				rporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registered when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0	0,100,	13 74 10 011120	DELETE	1.1 TiT	LE		Change Addit	
NAME	GABBA	i, judith			1.2 NA	ME		_ , _	
STREET ADDRESS	112 SW	ÆETWATER HILI	LS DR.	1.3		REEſ	address		
CITY-ST-ZIP		000 FL			1.4 CIT	Y-\$	T-ZIP		
TITLE	D			☐ DELETE	2.1 TIT			L_J Change L_i Addit	
NAME		OWITZ, JEROME		22 NA					
STREET ADORESS		DIXIE HWY. #9	40				AODRESS		
CITY-ST-ZIP	CORAL GABLES FL			DELETE	2 4 CF		17 - ZIP	Change Addil	
NAME					3.2 NAI				
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NAME				occur	5 2 NA			E Change E Adult	
STREET ADDRESS							ADDRESS		
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TITLE				DELETE	6 1 TIT			Change Addil	
NAME					6.2 NA	ME			
STREET ADDRESS					63 519	REET	ADDRESS		
CITY-ST-ZIP			n and a second of	4	6 4 CIT			Ac 440 07/29/2 FI C	
14. I hereby condicated officer or of Block 12 condicated and the second	ertify that the on this annu- director of the or Block 13 i	e interpration supplial report or supplied corporation or the corporation or the chapter of en a	blied with this fil emental annual he receiver or tr an altachment v	ing does not dutilify the report is true and ac- rusteer impowered to vitri an address.	or the exe curate and execute the	mpt I tha nis r	tion stated in at my signalu report as teo	A Section 119.07(3)(1), Florida Statutes, I further certify that the informatic lure shall have the same legal effect as if made under oath, that I am an quired by Chapter 607, Florida Statutes; and that my name appears in	
SIGNAT	URE: _	SIGNATURE AND TY	PED OR PRINTED I	A Techning of Fice	A K-C	)—( OFI	- 13	APK 27 1998 (305) 663-149	