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

PROFIT **CORPORATION ANNUAL REPORT**

1998

GOLFVIEW PLAZA, INC.

DOCUMENT # 1. Corporation Name



M81933

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1091081) 101 10101 11010 12120 11104	ikli mimik bahi	AL MISHI MARIE MEN	I Bisti seti
111 E. BOCA RATON RD SAME									
BOCA RATO	N FL 33432		BOCA RATON FL 33431						
US		US				DO NOT WRIT		SPACE	
						 Date Incorporated or Qualified 05/20/1988 			
2. Principal f	Plac e of Business	2a. Mailing Address			4, FEI Number		Ar	oplied For	
21		26				65-0086598		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22		27						Fee Re	quired
City & State		City & State	litary in the second of the se			6. Election Campaign Financing		\$5.00	
Zip Country		28 7in	Zip Country			Trust Fund Contribution Added to Fees			
—	·		├ ┐ '			8. This corporation owes or has paid the current year Intangible Personal Property 1ax due June 30. Yes No			
24 25 25 9. Name and Address of Current		29 Agent	30		J	Personal Property 1ax due June 30. L Yes L No 10. Name and Address of New Registered Agent			
SV	NEETAPPLE, ROBERT A.	Tropistored rigeria		81	Name	10. Paulo and Pauloso of Holy II	ogistorea.	- Agoin	
485 EAST PALMETTO PARK ROAD			_						
	DCA RATON FL 33432	•	82 Street A			ss (P.O. Box Number is Not Accepta	ible)		
	SON TOTAL COTOL		L	83					
				64	City		FL	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at					named corpor	ration submits this statement for the			s registered
office or	registered agent, or both, in the State am familiar with, and accept the oblig	rof Florida. Such change was	s authorized	by	the corporation	n's board of directors. I hereby acce	pt the ap	pointment as	registored
SIGNATURE					,,				
Signature, typod or pointed name of registered agent and lifte it applicable. 12. OFFICERS AND DIRECTORS			·	I Registered Agent argnature requi			DATE	D DIDEOTOD	20,001
12.	T PD	DELETE 111		ı t		ADDITIONS/CHANGES TO OFFI	CERS AN	☐ Change	Addition
NAME	TALBOTT ODEODDY V		1.2 NA					□ onange	L.J. Addition
STREET ADDRESS 111 E BOCA RATON RD			1.3 STREET ADD		ADDRESS				1
CITY-ST-ZIP BOCA RATON FL									
TITLE	SD DE		1.4 C/TY - ST - Z/P 2.1 T/LE		- 211			Change	Addition
NAME	SWEETAPPLE, ROBERT A.		2.2 NAM						
STREET ADDRESS	465 E PALMETTO PARK ROA	/ D	2.3 STRE		ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		2. 4 C/TY - S1 - Z/P						j
TITLE		DELETE						Change	Addition
NAME			3.2 NAME					•	
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP			3.4. CITY- \$1 - ZIP		!-ZIP				
TITLE				4.1 TITLE		**************************************		☐ Change	Addition
NAME	·		4. 2 NA	ME					į
STREET ADDRESS			4.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	<u> </u>			4.4 CITY - ST - ZIP					
TITLE	DELETE 5.1		5.1 ไปใ	E				Change	Addition
NAME			5.2 NAM	ME	Ī				
STREET ADDRESS			5.3 STR	EET A	ADDRESS				
CITY-ST-ZIP			5.4 Cit	Y-S1	- ZIP				
TITLE		DELETE	611111	.E				Change	Addition
NAME	1		6.2 NAM	ME:	ĺ				
STREET ADDRESS		2 <u></u>	6.3 STR	ELT A	ADDRESS				
CITY-ST-ZIP	//	·	6.4 Cill	Y-SI	- ZIP				

14. Thereby 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 is supplied entire and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of \$50 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 an in altrachment with an address.