

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

FILED
Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M82114 (3)

1. Corporation Name
BIRCHCLIFF, INC.

Principal Place of Business
% STUART S. ROSENTHAL
800 EAST CYPRESS CREEK RD., STE. 303
FT. LAUDERDALE FL 33334

Mailing Address
% STUART S. ROSENTHAL
800 EAST CYPRESS CREEK RD., STE. 303
FT. LAUDERDALE FL 33334-3534



3. Date Incorporated or Qualified 05/23/1988
3a. Date of Last Report 04/08/1996

2. Principal Place of Business
21 555 S. W. 12th Avenue

2a. Mailing Address
26 555 S. W. 12th Avenue

4. FEI Number 65-0050273
Applied For Not Applicable

22 Suite, Apt. #, etc.
Suite 101

27 Suite, Apt. #, etc.
Suite 101

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
Pompano Beach, FL

28 City & State
Pompano Beach, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33069
25 Country

29 Zip 33069
30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROSENTHAL, STUART S.
800 E CYPRESS CREEK RD.
SUITE 303
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name Stuart S. Rosenthal, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 555 S. W. 12th Avenue
83 Suite 101
84 City Pompano Beach FL 85 Zip Code 33069

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 *Stuart S. Rosenthal, Esq.* DATE 1/20/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	SOBOTTKA, ELFRIEDE	195 WHEELIHAN WAY	CAMPBELLVILLE, ONT, CAN LOP 1B0	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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: *Elfriede Sobottka* Elfriede Sobottka, President 1/30/97 (905) 854-0656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)