

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90005 037 ***150.00

DOCUMENT # **M90159**

Corporation Name

PALL MALL PROPERTY, INC.



Principal Place of Business

STEVEN M STAMPLER
915 N NORTHLAKE DR
HOLLYWOOD FL 33019

Mailing Address

C/O STEVEN M STAMPLER
915 N NORTHLAKE DR
HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1988

4. FEI Number

65-0063715

Applied For

Not Applicable

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

29

30

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.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAMPLER, STEVEN M.
915 N NORTHLAKE DR
HOLLYWOOD FL 33019

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	<input type="checkbox"/> DELETE	1.2 NAME	
3	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
4	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
5	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	<input type="checkbox"/> DELETE	2.2 NAME	
7	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
8	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
9	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	<input type="checkbox"/> DELETE	3.2 NAME	
11	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
13	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	<input type="checkbox"/> DELETE	4.2 NAME	
15	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
16	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
17	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	<input type="checkbox"/> DELETE	5.2 NAME	
19	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
21	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	<input type="checkbox"/> DELETE	6.2 NAME	
23	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
24	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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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.

SIGNATURE: **Signature Required**

9/1/99

Date

954-923-9176

Daytime Phone #

CR2E034 (5/99)

Pall Mall Property Inc.
915 North Northlake Drive
Hollywood, Florida 33019
(954)-923-9176

m90159
612739-9005-37

September 1, 1999

Florida Department of State
Tallahassee, Florida

Re: 1999 Corporate Annual Report

Gentlemen,

We are in receipt of a second annual report which we are enclosing. We are also enclosing a copy of the first annual report that was timely filed on March 24, 1999 and a replacement check in the amount of \$150.00 since it seems that the original document was lost and a check of our records indicates that our check to you did not clear. We hope that this is sufficient to bring our account back into perfect status as it has always been. Thank you for your cooperation in this matter.

Sincerely



Steven Stampler
President