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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14950 (2)

1. Corporation Name

45TH STREET BUSINESS/INDUSTRIAL PARK MASTER ASSO
CIATION, INC.

Principal Place of Business

Mailing Address

6400 N. ANDREWS AVENUE
4TH FLOOR
FT. LAUDERDALE FL 333096400 N. ANDREWS AVENUE
4TH FLOOR
FT. LAUDERDALE FL 33309-21723. Date Incorporated or Qualified
05/16/19863a. Date of Last Report
02/05/1996

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

4. FEI Number

65-0000963

Applied For

Not Applicable

6. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUKE, BRYAN
STILES CORPORATION
6400 N. ANDREWS AVE
FT. LAUDERDALE FL 33309

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME EAGON, DOUGLAS
STREET ADDRESS 6400 N. ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VPD ☒ DELETE
NAME SIMBACK, KEN
STREET ADDRESS 6400 NORTH ANDREWS AVE.
CITY-ST-ZIP FORT LAUDERDALE FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VPD
2.3 STREET ADDRESS COSACK, BUD
2.4 CITY-ST-ZIP 6400 N Andrews Avenue
4th Floor
Ft. Lauderdale, FL 33309TITLE SD ☒ DELETE
NAME PERRY, DENNIS
STREET ADDRESS 6400 N. ANDREWS AVE
CITY-ST-ZIP FT. LAUDERDALE FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME STILES, TERRY
STREET ADDRESS 6400 N. ANDREWS AVE
CITY-ST-ZIP FT. LAUDERDALE FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME STD
4.3 STREET ADDRESS Stiles, Terry
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 18, 1997 954-776-9300

Date

Daytime Phone # 00000000

CR2E037 (9/96)