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 # P9200005161 (4)

2-B PROPERTIES CORP.

FILED Oct 01 1998 8:00am Secretary of State



Principal Place	Principal Place of Business Mailing Address					
951-BELL-MEADE-IS-DR		951 BELL MEADE IS DR				
MIAMI FL 331		MIAMI FL-83198			DO NOT WRITE IN TH	11 0 0 DACE
					3. Date Incorporated or Qualified	IIO OF MOL
					11/17/1992	
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Applied For
21 110	UNW 163RD]	K26 € SAM	٤/		65-0370179	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	-		5. Certificate of Status Desired	\$8.75 Additional
22		27			6. Certificate of Status Desired	Fee Required
City & State	s /	City & State			6. Election Campaign Financing	\$5.00 May Be
	Am!	28	T - 0		Trust Fund Contribution	Added to Fees
Zip □ 22 4	Country	Zφ	Cour	ury	B. This corporation owes or has paid the	
24 33/6	9 Name and Address of Curren	29 Bagistered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
	<u></u>	Trogratated Agent		B1 Name	4.0	
	BORN, BEATRICE I I BELLE MEADE IS			'		OKN
	MITE 33138			82 Street A	ddress (P.O. Box Number is Not Acceptable)	COPRT
-1117	1MI FL 33130		-	B3	911 ISCU OF	CAPIC!
			ŀ	B4 City	- / Augenous E	L 85 Zip Code 3 3 3 1 1
11 Pursuant	to the provisions of Sections 607 0503	and 607 1508. Florida Statut	es the ab	ove-named c	T AUDELO ALE Forporation submits this statement for the purpos	
office or r	egistered agent, or both, in the State	of Florida Such change was	authorized	by the corpo	pration's board of directors. I hereby accept the	appointment as registered
4		tions of Section 607,0505, Fig	orjida Stati	itos.		
SIGNATURE `	Signature typed or printed have of registered ager		E Registered	Agent signature re	equired when reinstaling) (DAT	<u> </u>
12.	OF LICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS /	
THYLE	P	DELETE	11100	.I.		Change Addition
NAME	OSBORN, BEATRICE I		1.2 NAI	ME		^
STREET ADDRESS	-961-BELLE MEADE IS.		1.3 \$11	EET ADDRESS	411 ISLE OF C	
CITY-ST-ZIF	MIAMI FL 33132		1.4 CH	Y-ST-ZIP	FT. LAUDERDALWF	~ <i>3330</i> /
TITLE	V	DELETE	2.1 TIT	.f		Change Addition
NAME	OSBORN, ROBERT P.		2.2 NAI	ME	_	•
STREET ADDRESS	951 BELLE MEADE (S.		2.3 STF	EET ADDRESS	411 ISLE OF GA	PRI
CITY-ST-ZIP	MIAMI FL 33132		2.4 CI	Y-S1-ZIP	FT LAUDELDACE	FL 33301
TITLE	ST	DELETE	3.1 111	.E		Change Addition
NAME	OSBORN, BEATRICE I		3.2 NA	NE	^	
STREET ADDRESS	951 BELLE MEADE IS		3.3 STP	EE1 ADDRESS	HII ISLE OF CAPE	エ
CITY-ST-ZIP	MIAMI FE 33138		3.4 CIT	Y-S1-7IP	FT. LAUDERDALL	FL 33301
TITLE		DELETE	4.1 7(1)	.E		☐ Change ☐ Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STF	EE1 ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP		
TITLE		☐ DECETE	5.1 TITI	.E		Change Addition
NAME			5.2 NA	AF		
STREET ADDRESS			5.3 \$18	FET ADDRESS		
CITY-ST-ZIP			5.4 CIT	7-ST-ZIP		
TITLE		DELETE	6.1 TITU	.E		Change Addition
NAME			62 NAI	AE .		
STREET ADDRESS			6 3 S1 F	EET ADDRESS		
CHY-ST-ZIF			6.4 CH	Y-ST-ZIP		
44 I barolini	and at the talk and a factor and a second second	to the filter of the second of the factor			in Continue (40 07/01/2) Finish Outline (4)	

14. 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 accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver or furstee 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 attactment with an address.

CICNATURE DISTINCT OF LOAM

6-2x- 9\$ 205-121.00001