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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P9200006720 (6)

## FILED Jan 16 1998 8:00am Secretary of State

1. Corporation Name + F92000000720 (b)									
DOMINION PROPERTIES, INC.									
BONINATOR THOSE ETTIES, 1140.							I SMALTANE SIA TUTUN ISATE AARIS WATER AARIS AARIS AARIS AARIS AARIA SARTA SARTA SAATA		
1									
Principal Place of Business Mailing Address									
2900 N.E. 12TH TERRACE 2900 N.E. 12TH TERRACE									
FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334									
								DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	
									11/23/1992
				2a. Mailing Address					4. FEI Number Applied For
	# atc		2		e, Apt. #, etc.		_		65-0370799 Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 9. Name and Address of Curren HERSH, DONALD B 2900 N.E. 12TH TERRACE FORT LAUDERDALE FL 33334				<del></del> 7	e, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
	<u> </u>			27   City & State					6. Election Campaign Financing \$5.00 May Be
			2	<b>⊣</b> '				,	Trust Fund Contribution Added to Fees
Zip		Country		Zip		Country			8. This corporation owes or has paid the current year Intangible
<del></del>	<del></del>		2	29 30			5]		Personal Property Tax due June 30.  Yes No
	g. Name	and Address of C	urrent Re	gistered	i Agent				10. Name and Address of New Registered Agent
HE	RSH, DON	ALD B				8	п	Name	-
•							2	Street Add	dress (P.O. Box Number is Not Acceptable)
FORT LAUDERDALE FL 33334							3	•	
							4	,	FL 85 Zip Code
11. Pursuant	to the provis	ions of Sections 60	7.0502 and	d 607.15	08, Florida Statu	tes, the abo	ve	-named cor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. La	egistered aç m familiar w	ith, and accept the	obligations	onua. Si s of, Sec	ction 607.0505, F	autriorizeu orida Statut	es.	trie corpora i.	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	•								
		or printed name of register					\ger	nt signature requ	quired when reinstating) DATE
	Ď	OFFICER	S AND DIF	RECTOR	RS DELETE	13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	-	DONA! D			TTI NETELE	1.1 TITLE			. Change Addition
NAME HERSH, DONALD STREET ADDRESS 21900 N.E. 12TH TERRACE			r <del>e</del>			1.2 NAM			4
ET LAUDEDDALE EL				W .			1.3 STREET ADORESS 1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	11.000	DETENDED I E			DELETE	2.1 TITLE	_	1-2IP	Change Addition
NAME						2.7 IIIL		i	
STREET ADDRESS						R)		ADDRESS	:1 73
CITY-ST-ZIP						2.4 CIT			
TITLE					DELETE	3,1 TITLE	_	1-71	☐ Change ☐ Addition
NAME	~				<del></del> ·	3.2 NAM		İ	<del>-</del> • -
STREET ADDRESS						B	_	ADDRESS	
CHY-ST-ZIP						3.4, CITY		l	
TITLE					DELETE	4.1 TITLE			Change Addition
NAME						4, 2 NAV	Æ	ļ	
STREET ADDRESS						4.3 STRE	ET A	ADDRESS	
CITY-ST-ZIP						4.4 CITY	-ST	T-ZIP	
TITLE					DELETE	5,1 TITLE			Change Addition
NAME						5.2 NAM	E	j	
STREET ADDRESS						5.3 STRE	ET /	ADDRESS	
CITY-ST-ŽIP				_		5.4 CITY	- ST	r-ZIP	
TITLE					DELETE	6.1 Title			☐ Change ☐ Addition
NAME						6.2 NAM	E		
STREET ADDRESS						6.3 STRE	ET A	ADDRESS	
CITY-ST-ZIP						64 C/TY	-ST	r- ZIP	

14. I hereby certify that the information supplied with this filling 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 of trusted employeed 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:

ATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/28

954 565-2929

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