FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000005357 (7)**

1. Corporation Name
PROPERTIES OF DELRAY, INC.

Principal Place of Business	Mailing Address
% SAMUEL J. CANTOR ~~8400 NORTH UNIVERSITY DRIVE~~ ~~TAMARAC FL 33321~~	% SAMUEL J. CANTOR 3885 ST. JAMES WAY BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1993	3a. Date of Last Report: 05/27/1994
2. Principal Place of Business 21 1489 W. Palmetto Pk Rd	2a. Mailing Address 26 1489 W. Palmetto Park Rd
Suite, Apt. #, etc 22 Suite 485	Suite, Apt. #, etc 27 Suite 485
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip / Country 24 33486 / 25 USA	Zip / Country 29 33486 / 30 USA
4. FEI Number: 65-0389462 — ☐ Applied For ☐ Not Applicable	
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 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
CANTOR, SMAUEL J 3885 ST. JAMES WAY BOCA RATON FL 33434	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 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	BISTRICER, SIMONE	12 NAME		
STREET ADDRESS	~~8400 N. UNIVERSITY DRIVE~~	13 STREET ADDRESS	1489 W. Palmetto Park Road, Suite 485	
CITY ST ZIP	~~TAMARAC FL 33321~~	14 CITY ST ZIP	Boca Raton, FL 33486	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	GANS, SUZANNE B	22 NAME		
STREET ADDRESS	~~8400 N. UNIVERSITY DRIVE~~	23 STREET ADDRESS	1489 W. Palmetto Park Road, Suite 485	
CITY ST ZIP	~~TAMARAC FL 33321~~	24 CITY ST ZIP	Boca Raton, FL 33486	
TITLE		31 TITLE	PD	☐ Change ☒ Addition
NAME		32 NAME	Betty Bistricer	
STREET ADDRESS		33 STREET ADDRESS	1489 W. Palmetto Park Road, Suite 485	
CITY ST ZIP		34 CITY ST ZIP	Boca Raton, FL 33486	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	$225/16	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____ BETTY BISTRICER 4-14-95 (407) 361-9839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0262900 CP