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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stale

DIVISION OF CORPORATIONS

Daytime Phone #

1996

SIGNATURE:

DOCUMENT #
1. Corporation Name

P93000005357 (7)

PROPERTIES OF DELRAY, INC.

								
Principal Place		Mailing Address						
1489 W. PALMETTO PK RD SUITE 485 BOCA RATON FL 33486 US 1489 W. PALMETTO SUITE 485 BOCA RATON FL 33486 US US		PK RD						
			186					
		7.2.5		01/15/1993 04/		of Last Report /26/1995		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		/	Applied For
<u> 1 </u>		26		·····	65-0389462			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing			
Oity a State		28			Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Country	/	8. This corporation has liability for in	ntangible tar		
	25	29	30		Florida Statutes	□ No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Ro	egistered #	gent	
			81	Name				
CANTOR,	, SMAUEL J		82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
3885 ST. JAMES WAY					· · · · · · · · · · · · · · · · · · ·			
BOCA RA	ATON FL 33434		83	1				
			84	City		FL	85 Zip	Code
1 Dureupot to	o the provisions of Sections 607.05	02 and 607 1508 Florida Statu	utes the above-	named corpor	ation submits this statement for the purp			enistered offic
or registers	ad about, or both, in the State of Ek	orida. Such change was author	rized by the corr	poration's boar	d of directors. I hereby accept the appo	intment as	registered	agent. I am
familiar with	h, and accept the obligations of, Se	ection 607.0505, Florida Statute	es.					
	Signature, typed or printed hance of recistered an	nent and title 1 applicable the	NOTE: Registered 4nd	el signatura canonec	l when reinstating	DATE		· · · · · · · · · · · · · · · · · ·
	Signature, typed or printed hame of registered ag OFFICERS A	pent and title 1 applicable (f	NOTE: Registered Age	at signature required	Twhen reinstating: ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	RS IN 12
2.	 			ert signature required		CERS AND	DIRECTO Change	RS IN 12
12. TILE	OFFICERS A	AND DIRECTORS	13.	al signature asquirec		CERS AND		
2. TILE	OFFICERS A	AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	ril signature required		CERS AND		
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2. THE TAME TREET ADDRESS TAY-ST-ZIP	D BISTRICER, SIMONE 1489 W. PALMETTO PARK	AND DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 13 STREE	T ADDRESS		CERS AND		
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SIGNING OFFICER OR DIRECTOR