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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000005357 (7)**

1. Corporation Name
PROPERTIES OF DELRAY, INC.

Principal Place of Business	Mailing Address
1489 W. PALMETTO PK RD SUITE 485 BOCA RATON FL 33486 US	1489 W. PALMETTO PK RD SUITE 485 BOCA RATON FL 33486-3327 US

3. Date Incorporated or Qualified: 01/15/1993
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business
21 6550 North Federal Highway
Suite, Apt. #, etc.
22 Suite 340
City & State
23 Fort Lauderdale, FL
Zip 24 33308 Country 25 Broward

2a. Mailing Address
26 6550 North Federal Highway
Suite, Apt. #, etc.
27 Suite 340
City & State
28 Fort Lauderdale, FL
Zip 29 33308 Country 30 Broward

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
CANTOR, SMAUEL J
3885 ST. JAMES WAY
BOCA RATON FL 33434

10. Name and Address of New Registered Agent
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, type or print name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BISTRICER, SIMONE		1.2 NAME		
STREET ADDRESS	1489 W. PALMETTO PARK ROAD, SUITE 485		1.3 STREET ADDRESS	6550 North Federal Highway,Suite 340	
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GANS, SUZANNE B		2.2 NAME		
STREET ADDRESS	1489 W. PALMETTO PARK ROAD, SUITE 485		2.3 STREET ADDRESS	6550 North Federal Highway,Suite 340	
CITY-ST-ZIP	BOCA RATON FL 33486		2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308	
TITLE	PD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BISTRICER, BETTY		3.2 NAME		
STREET ADDRESS	1489 W PALMETTO PARK ROAD, SUITE 485		3.3 STREET ADDRESS	6550 North Federal Highway,Suite 340	
CITY-ST-ZIP	BOCA RATON FL 33486		3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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

SIGNATURE: B Bistricer 3/20/97 Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0337423