

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 10 PM 1:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000021275 (1)

1. Corporation Name

THE MANAGEMENT COMPANY FOR FLORIDA PROPERTY, INC

Principal Place of Business

**9400 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321**

Mailing Address

**9400 NORTH UNIVERSITY DRIVE
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/23/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0394096

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 1489 W. Palmetto Pk Rd

Suite, Apt. #, etc.

22 Suite 485

City & State

23 Boca Raton, FL

Zip

24 33486

Country

25 USA

2a. Mailing Address

26 1489 W. Palmetto Pk Rd

Suite, Apt. #, etc.

27 Suite 485

City & State

28 Boca Raton, FL

Zip

29 33486

Country

30 USA

9. Name and Address of Current Registered Agent

**CANTOR, SAMUEL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CANTOR, SAMUEL J
STREET ADDRESS	3885 ST JAMES WAY
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1489 W. Palmetto Park Road, Suite 485
1.4 CITY - ST - ZIP	Boca Raton, FL 33486
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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. The undersigned (trustee or director) shall be responsible for providing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or other information with no change.

SIGNATURE:

Samuel J. Cantor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 361-9839

(Date)

(Signature) Please Print