## ন্মLE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT Secretary of State  1996 DIVISION OF CORPORATIONS								
DOCUI 1. Corporation	MENT # <b>P9300</b>	00026109 (7)	)					
adi Pe	ROPERTIES, INC.							
Principal Place	e of Business	Mailing Address		,	I NODINODI 310 NOTOE HANI ODIN ODIN	ABISI ABSIA HIBIA ANIAL JOH	80310   914 1001	
	CONCOURSE. SUITE 400	C/O SAKOWITZ & SAKO		•04				
BAY HARBO	ir Islands fl 33154	1111 KANE CONCOURS BAY HARBOR ISLANDS		iO1	Date Incorporated or Qualified     04/06/1993	3a. Date of Last R 08/15/19	•	
2. Principal Pl	lace of Business	2a. Mailing Address		··· <del>····</del>	4. FEI Number		Applied For	
21 .		26	.,,,,		65-0438200		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	Additional Required	
City & State		City & State			6. Election Campaign Financing	<b>55.0</b>	O May Be	
23		[28]	T		Trust Fund Contribution		d to Fees	
<ul><li>₹ Zip</li><li>24</li></ul>	Country 25	Ζιρ [29]	30 Gour	ntry	8. This corporation has liability for it     Florida Statutes  Yes	intangible tax under s ☐ No	199.032,	
24	g. Name and Address of Curre		130]		10. Name and Address of New R			
1				81 Name				
SAKOWITZ, ALAN 1111 KANE CONCOURSE, SUITE 401 BAY HARBOR ISLANDS FL 33154				82 Street Add	treet Address (P.O. Box Number is Not Acceptable)			
				83	y FL 85 Zip Code			
				84 City				
11. Pursuant or registe familiar w SIGNATURE	to the provisions of Sections 607.050 rered agont, or both, in the State of Fic with, and accept the obligations of, Se Signature, typod or printed name of tog stread a.s.	irida, Such change was authorize ction €07.0505, Florida Statutes.	d by the c	ve-named corporation's bo  Agent signature requir	oration submits this statement for the pur ard of directors. I hereby accept the app	ointment as registered	agent. i am	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	DRS IN 12	
TITLE	D	DEFETE	1 1 TI	1LE		☐ Change	ORS IN 12 Addition	
NAME	Greenboim, Abraham			ME				
STREET ADDRESS	1			REET ADDRESS				
CITY-ST-ZIP TITLE	BAY HARBOR ISLANDS FL	33154 DELETE	1.4 CI 2 1 Ti	TUE		[☐ Change	Addition	
NAME			22 N			<u></u>		
STREET ADDRESS				REET ADDRESS				
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TITLE		☐ DELETE	3. 1 7			☐ Change	Addition	
NAME			3 2 N/	•	2000040	4 .4		
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CITY-ST-7IP		☐ DEFFIE	3.4 CI 4. 1 Ti	TY-ST-7P	***200.00	Change	Addition	
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NAME			5.2 N	ME 3M		- 1:	$\mathcal{M}^{Q}$	
STREET ADDRESS			5 <b>3</b> S	TREET ADDRESS		$\sim$	`	
CITY-ST-ZIP		FT AF: UT		TY-ST-ZIP		Change	On Addition	
TITLE		DELETE	6 1 T	1		□1 cust∂s	L AUDIRON	
NAME			62 N			)		
STREET ADDRESS				IREET ADORESS		•		

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 119.07(3)(k), 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 proporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/46 (3UF) 232-7777