FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 CUMENT #

P93000026164 (2)

PROPERTY OWNERS OF BRIARWOOD INC.

FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address C/O DAVID M. ADERMAN C/O PAUL BERLIN 19600 N.E. 23 AVE. NORTH MIAMI BEACH 33 33180 12901 S.W. 15 CT. #V212 DO NOT WRITE IN THIS SPACE PEMBROKE PINES 33 33026 3. Date Incorporated or Qualified 04/05/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0391715 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BERLIN, PAUL 12901 S.W. 15 CT. Street Address (P.O. Box Number is Not Acceptable) **APT V-212** 83 PEMBROKE PINES FL 33026 Zio 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 reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ■ DELETE 1.1 TITLE L Change Addition BERLIN, SOPHIE NAME 1.2 NAME 12901 SW 15 CT #V212 STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP PD DELETE TITLE 2.1 TITLE Change Addition BERLIN, PAUL NAME 2.2 NAME 12901 S.W. 15TH CT., #V212 STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL 33026 CITY - ST- ZIF 2, 4 CITY - ST - ZIP ☐ DELETE TITLE Change Addition 3.1 TITLE NAME ADELMAN, DAVID DR. 3.2 NAME 16680 N.E. 10TH AVE. STREET ADDRESS 3.3 STREET ADDRESS NORTH MIAMI BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE Addition MENDELS, MICHAEL NAME 4. 2 NAME P.O. BOX 770245 N/A STREET ADDRESS 4.3 STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I 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 or an attachment with an address.

SIGNATURE:

SIGNATURE: ### SIGNATURE: