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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000028043 (6)

NEW VENTURE PROPERTIES, INC.

FILED Mar 17 1998 8:00am Secretary of State



Principal Plac	dress			r regitikas ing aprop tutir gotel åprist dåtig dåtig tillat såtit dåtik åtible till spåt				
1416 N DIXIE HWY 1416 N DIXIE HWY								
HOLLYWOOD FL 33020			HOLLYWOOD FL 33020					
						DO NOT WRITE IN TH	HIS SPACE	
						 Date Incorporated or Qualified 04/16/1993 		
2. Principal P	ace of Business	2a. Mailing A	Address			4. FEI Number		Applied For
21		26				58-2050270		Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	ol. #, etc.			5. Certificate of Status Desired		Additional
22		27	<u> </u>					Required
City & State	е	├ 	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	 	<u> </u>		Trust Fund Contribution		d to Fees
Zip	Country	Zip		Country	•	8. This corporation owes or has paid the		
24	25	29	30			Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.		∐ No
9, Name and Address of Current Registered Agent					Name	10. Name and Address of New Negister	ed Agent	
	MKIN, RONALD E		81 Name		Ivanie			
	6 ATLANTIC SHORES BLVE	,		82	Street	Address (P.O. Box Number is Not Acceptable)		
	ROTUNDA BLDG #A			83				
ПА	LLANDALE FL 33009			03				
				84	City		-L 85 Zip	Code
11. Pursuant I	to the provisions of Sections 60	07.0502 and 607.1508, F	torida Statutes, th	e above	-named	corporation submits this statement for the purpos		its registered
office or re agent. I as	egistered agent, or both, in the m familiar with, and accept the	State of Florida Such of obligations of Section (hange was autho 607.0505, Florida	rized by Statutes	the corp 3.	poration's board of directors. I hereby accept the	appointment a	s registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.		RS AND DIRECTORS		13.	- n aignature	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TiTLE	DP .		DELETÉ	1.1 TIFLE			☐ Change	
NAME	SALERNO, ANTHONY		1	1.2 NAME				
STREET ADDRESS	1701 N 49TH AVE			1.3 STREET	ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021			1.4 CITY-S	T-ZIP]
TITLE	DV			2.1 TITLE			☐ Change	Addition
NAME	MURAD, LOWELL		1	2.2 NAME				j
STREET ADDRESS	3522 NE 171ST ST		1 :	2.3 STREET	ADDRESS			-
CITY-ST-ZIP	NORTH MIAMI BEACH F	FL 33162	1	2. 4 CITY-5				İ
TITLE			T	3.1 TITLE			Change	Addition
NAME			3	3.2 NAME				
STREET ADDRESS			l s	.3 STREET	ADORESS			
CITY-ST-ZIP			1 3	9.4. CITY- S	iT-ZIP			1
TITLE		L.		I.1 TITLE			Change	☐ Addition
NAME			4	. 2 NAME				i
STREET ADDRESS				.3 STREET	ADDRESS			İ
CITY-ST-ZIP			1.	I.4 CITY-S	T+ZIP			ļ
TITLE			DELETÉ 5	.1 TITLE			☐ Change	☐ Addition
NAME			5	2 NAME				l
STREET ADDRESS			5	3 STREET	ADDRESS			l
CITY-ST-ZIP				.4 CITY-S				l
TITLE	····		1	.1 TITLE			☐ Change	☐ Addition
NAME			6	.2 NAME			_	Į
STREET ADDRESS				.3 STREET	address			
CITY-ST-ZIP				.4 CITY - S				İ
				v				

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 chapter 607, or on an attachment with an address.