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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000032579			
1. Corporation Name ANSEL PROPERTIES, INC.			
Principal Place of Business 601 BRICKELL KEY DRIVE 600 MIAMI FL 33131		Mailing Address 601 BRICKELL KEY DRIVE 600 MIAMI FL 33131	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/05/1993	
22 City & State	27 City & State	4. FEI Number 65-0414299	
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country	29 Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GILBERT, MARK 601 BRICKELL KEY DRIVE 600 MIAMI FL 33131		10. Name and Address of New Registered Agent	
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 is 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 607.0502, Florida Statutes.		81 Name	
SIGNATURE		82 Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)		83	
12. OFFICERS AND DIRECTORS		84 City	
1. TITLE VP		85 Zip Code	
2. NAME MALNIK, ALVIN I		FL	
3. STREET ADDRESS 8780 HORSESHOE LANE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
4. CITY-ST-ZIP BOCA RATON FL 33496		1.1 TITLE	
5. TITLE P		1.2 NAME	
6. NAME GOLDSTEIN, DAVID		1.3 STREET ADDRESS	
7. STREET ADDRESS 8780 HORSESHOE LANE		1.4 CITY-ST-ZIP	
8. CITY-ST-ZIP BOCA RATON FL 33496		2.1 TITLE	
9. TITLE		2.2 NAME	
10. NAME		2.3 STREET ADDRESS	
11. STREET ADDRESS		2.4 CITY-ST-ZIP	
12. CITY-ST-ZIP		3.1 TITLE	
13. TITLE		3.2 NAME	
14. NAME		3.3 STREET ADDRESS	
15. STREET ADDRESS		3.4 CITY-ST-ZIP	
16. CITY-ST-ZIP		4.1 TITLE	
17. TITLE		4.2 NAME	
18. NAME		4.3 STREET ADDRESS	
19. STREET ADDRESS		4.4 CITY-ST-ZIP	
20. CITY-ST-ZIP		5.1 TITLE	
21. TITLE		5.2 NAME	
22. NAME		5.3 STREET ADDRESS	
23. STREET ADDRESS		5.4 CITY-ST-ZIP	
24. CITY-ST-ZIP		6.1 TITLE	
25. TITLE		6.2 NAME	
26. NAME		6.3 STREET ADDRESS	
27. STREET ADDRESS		6.4 CITY-ST-ZIP	
28. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

Date

305 371-4444

Daytime Phone #

CR2E034 (1/1/98)