## 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

1	MENT # P93000 ID PROPERTIES, INC.	0033308 (6	)			
Principal Place	e of Business	Mailing Address				TOO IITOO FILIT OOTOI JARL IAAL
7361 SW 116		7361 SW 116TH TER				
MIAMI FL 33156		MIAMI FL 33156		DO NOT MINITE IN THIS	Ontor	
					DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE
					05/06/1993	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0439756	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Octanidate of claudy becamed	Fee Required	
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
Zip	Country		Countr		Trust Fund Contribution	Added to Fees
24	25	29	30	y	This corporation owes or has paid the current Property Tax due June 30.	Jrrent year Inlangiblo No
<del>*</del> **!	9. Name and Address of Current		1301		10. Name and Address of New Registered	<b>P</b>
PO	PLACK, ARIEL ESQ		81	Name		
4700-B SHERIDAN ST			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33021					oresa (1.5. box Normber la Not Neceptable)	
			83			
			84	City		85 Zip Code
				1 1	rporation submits this statement for the purpose of	_
SIGNATURE	Signature, typed or printed hance of registered agen OFFICERS AND	t and little if applicable (N			ation's board of directors. I hereby accept the ap	
TITLE	<u>OP</u>	☐ DELETE	1.1 TITLE			Change Addition
NAME	MEGNA, JEROME		1.2 NAME	J		1
STREET ADDRESS	7361 SW 116TH TERRACE		13 STRFE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST - ZIP		
TITLE		DELETE	2.1 HTLE	Į		Change Addition
NAME			2.2 NAME			
STREET ADDRESS				I ADDRESS		
City-ST-ZIP		DELETE	2. 4 C/TY- 3.1 1/1LE	S1-ZIP		Change Addition
NAME			3.2 NAME			E ontaings E Moorinin
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			3 4. CITY-	- 1		
TIFLE		DELETE	4.1 TULE			Change Addition
NAME			4. 2 NAME	}		I
STREET ADDRESS			4.3 STREE	T ADDRESS	•	
CITY-ST-ZIP				ST - ZIP		
TITLE	DELETE .		5.1 TITLE			Change Addition
NAME STOLET ADDRESS			5.2 NAME	1 ADDDCCC		
STREET ADDRESS CITY-ST-ZIP				I ADDRESS		
TITLE		☐ DELETE	5.4 CITY - 6.1 TITLE	31-41F	·	Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY -	- 1		

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 13 if changed, or an antachment with an address.

**FILED** 

Apr 10 1998 8:00am

Secretary of State