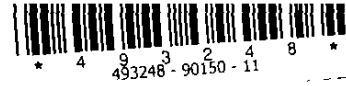


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90150 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000042564  
1. Corporation Name Haveronk Properties INCPrincipal Place of Business Mailing Address  
5019 Okeechobee Blvd  
West Palm Beach FL 33417

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

6/16/93

4. FEI Number

65-0418100

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax.☒ Yes☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PRESIDENT  
SAM MIZRAHI  
21425 FAIRFIELD LN  
BOCA RATON FL 33486

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

SECOY TREASURER  
SHARI MIZRAHI  
21425 FAIRFIELD LN  
BOCA RATON FL 33486

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

SIGNATURE: Sam Mizrahi SAM MIZRAHI  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORAPRIL 21, 1999 561-478-2885  
Date Daytime Phone #