## 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 # P93000048709 (8)

MAYFAIR AT PARKLAND, INC.

Mailing Address Principal Place of Business 8595 NW 78TH DR 6595 NW 78TH DR PARKLAND FL 33067 PARKLAND FL 33067 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/06/1993 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0449816 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible X Yes □ No 24 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LARRY A. ROTHENBERG, P.A. 2424 N. FEDERAL HWY 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 455** В3 **BOCA RATON FL 33431** City 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

hen reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE TAJFEL, JACK 1.2 NAME 2101 S. OCEAN DR., APT. 1508 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME MALAS 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE

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 supplient hill a must report is trop 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 this accuracy of trubbes empowered to execute this report as required by Chapter 607, Blorida Statutes; and that my name appears in Block 12 or Block 13 if changed

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

TITL F

NAME

STREET ADDRESS City-ST-ZIP

**FILED** 

May 12 1998 8:00am

Secretary of State