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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000054253**1. Corporation Name

COCONUT CREEK PLAZA CORPORATION

Principal Place	e of Business	Mailing Address			88 (5) 88 3)) 89 (8) 8 (13) 8(8) 8 (138) .	0):00 1::11 :00:
23001 STATE RD 7		5370 NW 103RD WAY				
BOCA RATON FL 33428			CORAL SRPINGS FL 33076		DITE IN THIS SDACE	
บร		US		3. Date Incorporated or Qualife	DO NOT WRITE IN THIS SPACE	
				08/03/1993		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	- - -	olied For
21		26		65-0422773		Applicable -
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5, Certifcate of Status Desired	\$8.75 A	
22		27				
City & State	e	City & State		6. Election Campaign Financing	g ☐ \$5.00 Added to	
23		Zip	Country	Trust Fund Contribution		1 1 663
Zip	Country	<u> </u>	30	This corporation owes the cu Personal Property Tax.	Yes	ANo
24	25 25 9. Name and Address of Cur	rent Registered Agent	J30	10. Name and Address of New		Y
	3. Italie and Address of Odi	Tent registered Agent	81 Name	//	210	•
TROI	ia, rosario			rugrey M. me	7.7Ki.,	
5370	NW 103RD WAY		82 Street	Address (P.OBox Number is Not Acce	ptable)	
COR	AL SPRINGS FL 33076		83	2000	6	
				Coral PLINGS	YC -	<u> </u>
			84 City	<i>V</i>	FL 85 Zin	3/7/2
A4 Diversion of the		0502 and 607 (500 Florida Statut		corporation submits this statement for the	ne purpose of changing its	registered
i ii. Pursuani	to the provisions at Sections 607.0	JOUZ AND DUTZIOUD, FIUNDA STATUL	les, the above-named	corporation additing this statement for a		-9
office or re	egistered agent, or both, in the Sta	ate of Florida. Such change was a lightness of Section 607 0505. Fin	tes, the above-named authorized by the com- orida Statutes	poration's board of directors. I hereby ac	ept the appointment as rec	gistered
	egistered agent, or both, in the Stam familiar with, and accept the ob-	ate of Florida. Such change was a ligations of Section 607.0505, Flo	tes, the above-named authorized by the com- orida Statutes.	d corporation submits this statement for the coration's board of directors. I hereby ac	cept the appointment as requestions of the second s	gistered
SIGNATURE	Mulner	u	les, the above-named authorized by the comported Statutes.	7/2	cept the appointment as rec	gistered
SIGNATURE	Signature, top destribed name of projectered	M		7/2	DATE DEFICERS AND DIRECTO	RS IN 12
SIGNATURE	Signature, top destribed name of projectered	agent and title if applicable. (NOTE	E Registered Agent signature	required when reinstating)	DATE	
SIGNATURE	Signature, too Admited name of poistered OFFICERS	agent and title if applicable. [NOTE AND DIRECTORS	Registered Agent signature	required when reinstating)	DATE DEFICERS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, to desire of pointered Officers	agent and title if applicable. [NOTE AND DIRECTORS	13.	required when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, to Laborate name of pointered OFUICERS DPT TROIA, ROSARIO	agent and title if applicable. [NOTE AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	required when reinstating) ADDITIONS/CHANGES TO C	DATE DATE DEFICERS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, Low Laboration name of polistered OFFICERS DPT TROIA, ROSARIO 5370 NW 103RD WAY	agent and title if applicable. [NOTE AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	required when reinstating) ADDITIONS/CHANGES TO C	DATE DEFICERS AND DIRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, the Administration name of spistered OFFICERS DPT TROIA, ROSARIO 5370 NW 103RD WAY CORAL SPRINGS FL DSVP TROIA, ANDREY M 5370 NW 103RD WAY	ageir and title if applicable (NOTE AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	required when reinstating) ADDITIONS/CHANGES TO C	DATE DATE DEFICERS AND DIRECTO	RS IN 12
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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 preceiver 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 or an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90199 050 ***158.75