## 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 # P93000065956

1. Corporation Name

MEDLEY CANAL COMPANY								
Principal Place of Business	Mailing Address							
11921 S. DIXIE HIGHWAY       11921 S. DIXIE HWY         SUITE 201       STE. 201         MIAMI FL 33156       MIAMI FL 33156				DO NOT WRITE IN THIS SPACE				
US	US		,	<ol> <li>Date Incorporated or Qualife 09/16/1993</li> </ol>	ed			
2. Principal Place of Business	2a. Mailing Address	88H	CL	4. FEI Number		ľ	Applied For	
21 /10/10 SW 88/12	JT 26 1/0/0 SW	881.	<u> フュー</u>	65-0439724			Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	٥٥		5. Certifcate of Status Desired	0		.75 Additional ee Required	
City & State  23 Migm   T				Election Campaign Financin     Trust Fund Contribution	ig 🛮	, ,	5.00 May Be	
24 Zip 33/16 25 Country A	<sup>zip</sup> 33/14	Country 30	SA	This corporation owes the c Personal Property Tax.	urrent year In	tangible		
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
ANTHONY ASKOWITZ	<u>.</u>	81	Name	· · · · · · · · · · · · · · · · · · ·				
11921 S. DIXIE HIGHWAY		82	Street Addre	Idress (P.O. Box Number is Not Acceptable)				
SUITE 201 MIAMI FL 33156		83						
IMMINI FL 33130		84	City		Fi	85	Zip Code	
<ol> <li>Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the</li> </ol>	e State of Florida. Such change was at	uthorized by	the corporatio	oration submits this statement for t on's board of directors. I hereby acc	he purpose o cept the appo	f changi intment	ng its registered as registered	
SIGNATURE			<del> </del>		DATE			
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required wh  OFFICERS AND DIRECTORS  13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12. OFFICE	IND AND DIRECTORD	<b>■</b> 13.		UPDITIONALIVINGED TO (				

ORS IN 12 DELETE ☐ Change Addition TITLE 1.1 TITLE ASKOWITZ, GERALD 1.2 NAME 11010 SW 88 x St +200 Miami, 71 33176 NAME 12101 SW 93 AVENUE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

64 CITY-ST-ZIP

SIGNATURE: SIGNING OFFICER OR DIRECTOR

Mar 04, 1999 8:00 am

Secretary of State

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CR2E034 (11/98)