

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State PORATIONS

1999		DIVISION OF CORE		
DOCUMENT # 1. Corporation Name	P93000074	554		
TO ACCOMITTO D	DANEDTY WA			

FILED 90 KIR 29 PH 2: 53 CLUISTARY OF STATE TULLAHASSEE, FLORIDA

I III. AS	SOCIATES PROPERTY, IN	<i>.</i>						
Principal Pla	ce of Business	Mailing Address					Will Biff F	18 18 1 B 8 18 6
112-19 69TH /	NYE	112-19 69TH AVE FOREST HILL NY 11375	i					
(DO NOT WRITE IN THIS	SPACE	
						Date Incorporated or Qualified 10/27/1993		
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number	$ \Box$ \Box	Applied For
21		26				11-3182085		Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5. Cortificate of Status Desired		Additional Required
City & Sta	te	City & State				6. Election Campaign Financing	\$5.0	O May Be
23		28	- ~			Trust Fund Contribution		d to Fees
Zip	Country	Zip	r	untry		8. This corporation owes the current year in		
24	25	[29]	30			Personal Property Tax	☐ Yes	[]No
<u> </u>	9. Name and Address of Curr	ent Registered Agent		811		10. Name and Address of New Registered	Agent	
l nia	XBERG, GRAYSON & SINGER,	PA		"	Name			
25 9	SE SECOND AVE	1 17-		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	TE 730 MI FL 33131			83			•	
Miles	MI PL 33131			84	City		85 Zi	Code
					•	FL poration submits this statement for the purpose of	.]]]	
SIGNATURE	Signature, typed or partied name of registered at OFFICERS A	peril and title if applicable (NC	TF: Registerer		t algnature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ID DIREC	ORS IN 12
TITLE	D	DELETE	117	M.E			Chang	Addition
NAME	SINGER, SEYMOUR N		1.2 N	WE	[
STREET ADDRESS	25 SE SECOND AVE SUITE 7	700	138	TREET	ADORESS			
C/TY-ST-ZIP	MIAM! FL 33131	130	1.00					
TITLE	ÍDP			/TY-81	r-2NP			
NAME	\ - '	□ DELETE		//Y-81	T-ZIP		[] Change	Addition
	HORNGRAD, JOSEPH		140	ITLE	T-2NP		[] Change	Addition
STREET ADDRESS	HORNGRAD, JOSEPH 112-19 69TH AVE		14 C 21 Ti 22 N	ITLE	ADDRESS		[] Chang	Addition
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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 is true and accurate and that my signature shall have the same legal effect as if made under celth; 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 lije empowered.

SIGNATURE: _

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