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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000026386**1. Corporation Name

TENTH ST. PROPERTIES, INC.

Principal Place	of Rusiness	Mailing Address				601)) 90 814 90 81 60 810 (1)	418 81188 11181	f a ft a B flit l ab t
,		P O BOX 11723	-					
MIAMI FL 33132		MIAMI FL 33101						
		US			<u> </u>	T WRITE IN THIS S	SPACE	
					3. Date Incorporated or Qu 04/01/1994	aireo		
2 Principal P	ace of Business	2a. Mailing Address			4. FEI Number		— TAC	plied For
21		26			65-0492994			t Applicable
~∸ Suite, Apt.	#.'etc. == =================================	Suite, Apt. #, etc			·	ired 🗍	\$8.75	
22	•	27	,		5. Certificate of Status Des	red L.	Fee Re	quired
City & State	9	City & State			6. Election Campaign Fina	ncing	\$5.00	May Be
23		28			Trust Fund Contribution		Added t	to Fees
Zip	Country Zip Cour		Count	ry	8. This corporation owes the			-
24	25		30		Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent	8	4 No	10. Name and Address of	New Registered A	gent	
DAM	IAN, VINCENT E JR.		8	1 Name				
	.W. 8TH ST.		8	2 Street	Address (P.O. Box Number is Not A	cceptable)		
SUIT		<u> </u>	_					
MAIM			8	3				
HILL	M 1 L		8	4 City		FI	85 Zip (Code
		200 1 007 4500 51	- Aba - ba		annocation authority this statement (for the purpose of c	hanging its	renistered
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	e of Florida. Such change was au	ithorized b	y tne corpo	pration's board of directors. I hereby	accept the appoint	ment as re	gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statute	s.				1
SIGNATURE	Signature, typed or printed name of registered ag	and bits if applicable (NOTE:	Dogistered An	ont ekonture r	equired when reinstating)	DATE		
12,		IND DIRECTORS	13.	CIT SIGNATURE IT	ADDITIONS/CHANGES		DIRECTO	OR\$ IN 12
TITLE	D	☐ DELETE	1.1 TITLE				Change	Addition
NAME	STOWE, KENNETH		1.2 NAME	:				
STREET ADDRESS	36 N.E. 10TH ST.		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME			2.2 NAME	:				
STREET ADDRESS	•		2.3 STRE	ET ADDRESS			_	
CITY-ST-ZIP			2. 4 CITY	-ST- <u>ZI</u> P				
TITLE		☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME	:				,
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3,4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	į.			☐ Change	☐ Addition
NAME			4.2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADORESS				
CITY-ST-ZIP			4.4 CITY	ST-ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-		<u> </u>			File a distant
TITLE			6.1 TITLE			•	☐ Change	Addition
NAME			6.2 NAME	J				
			6.3 STRE	et address (

14. 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 attacement with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIG	NAT	URE
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Kenneth I Store

Daytime Phone #