FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State
DIVISION OF CORPORATIONS

1996 **DOCUMENT** # P94000039039 (0)

CRESCENT HEIGHTS XLIV, INC.

Principal Place of Business

Mailing Address

500001840005 -05/28/96--01017--005 ***200.00

999 WA	ASHINGTON AVENUE	999 WASHINGT	ON AVENUE	
MIAMI	BEACH, FL 33139	MIAMI BEACH,	FL 33139	
				3. Date Incorporated or Qualified 3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address		5/24/94 4. FEI Number Applied Fo
21		26		65-0492460 Not Applie
Suite, Apt. #, etc.		Suite, Apt. #, etc.		60.75
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State	٨ في	6. Election Campaign Financing** \$5.00 May Bo
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032,
24	25	29	30	Florida Statutes 👿 Yes 🗌 No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
GALBUT	r, ABRAHAM A.		81 Name	
	ASHINGTON AVENUE		82 Street A	ddress (P.O. Box Number is Not Acceptable)
MIAMI BEACU EL 22120				,
			83	
			B4 City	85 Zip Code
	A AL		'	
 Pursuant or register 	to the provisions of Sections 607.0502 ared agent, or both, in the State of Flori	2 and 607.1508, Florida Statut ida. Such chance was authoris	tes, the above-named cor	poration submits this statement for the purpose of changing its registered a poard of directors. I hereby accept the appointment as registered agent. La
familiar wi	ith, and accept the obligations of, Sect	tion 607.0505, Florida Statute:	S.	section of directors, intereory accept the appointment as registered agent, i.a.
SIGNATURE	TRACTION OF THE STATE OF THE ST			
12.	Signature, typed or printed name of registered agent	t are tool Lappicable (NO ID DIRECTORS	OTE: Registenic Agent signature rec	<u> </u>
TITLE	D OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	KAHN, SONNY	[] Dette ie	1. 1 TITLE	☐ Change ☐ Addit
STREET ADDRESS	999 WASHINGTON AV	ENUE	1.2 NAME	
	MIAMI BEACH, FL		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	D	☐ DELFTE	1.4 CITY - \$1 - 2IP	E3 A 57
NAME	GALBUT, RUSSELL W	<u> </u>	2 1 TITLE	
STREET ADDRESS	000		2.2 NAME	555 NE 15th STREET
147 1147 P. D. LOV 0.04.0.0			2.3 STREET ACOURESS	MIAMI, FL 33132
CITY-ST-ZIP TITLE	T TEACH, FE	DELETE	2.4 CITY- S1-7/2 3.1 TillE	
NAME	DACHOH, SHLOMO		3 2 NAME	™ Change
STREET ADDRESS	999 WASHINGTON AV	ENUE		555 NE 15th STREET
CITY-S1-ZIP		33139	3.3 STREET ADDRESS	MIAMI, FL 33132
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NAME		Louis	4.2 NAME	☐ Change ☐ Additi
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NAME		better	5.2 NAME	
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CITY-ST-ZIP			5.3 STHEET ADDRESS	
TITLE	 	[7] DELETE	54 CITY-ST-ZIP 6 1 TITLE	Fighers Fightis
NAME				Change Additi
STREET ADDRESS			6.2 NAME	
			6.3 STREET ADDRESS	
CITY-ST-ZIP	1		6.4 C/TY - ST - 7/P	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplementa 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.

SIGNATURE:

SHLONG DACHOH 4-19-91 306-374-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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