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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

Secretary of State 1998 DOCUMENT # P94000040453 GREENFIELD KATZ PROPERTIES, INC. Principal Place of Business Mailing Address 1900 GLADES ROAD 1900 GLADES ROAD STE #400 STE #400 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431 BOCA RATON FL 33431** 3. Date incorporated or Qualified 05/31/94 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 2300 GLAPUS ROAD 2300 GLADES 65-0498296 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired SUITE 100 E SUITE IDOE Fee Required & State \$5.00 May be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intancible 25 30 Yes Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 GREENFIELD. WILLIAM R. 1900 GLADES ROAD Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 400 GLADES ROAD **BOCA RATON FL 33431** 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE GREENFIELD, WILLIAM R. NAME 1.2 NAME 1400 S.W. 19TH STREET 2300 GLADES RD STREET ADDRESS 1.3 STREET ADDRESS SUITE 100 E **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY - ST-ZIP ☐ DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS UniY-ST-ZiP 2.4 CITY ST-ZIP DELETE 3.1 TITLE TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 51 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

TITLE

NAME

STREET ADDRESS

11/3/100

\*\*\*150.00

**60000254055**6 -0\$/29/98--01036--011

Change

☐ Addition

**FILED** 

May 28 1998 8:00am