Mar 04, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000045316

1. Corporation Name

934 HENDERSON AVENUE PROPERTIES, INC.

| Principal Place | e of Business | Mailing Address | | | (SERVERS IN IBIAL BIBIL DA | itti es tit es tit es tit ete | igt getpa ellar i | |
|--|---|--|--|--|---|--|--|--|
| 9941 SW 4TH S | STREET | 9941 SW 4TH STREET | | | | | | |
| STE 204 | | STE 204 | | | DO NOT | WRITE IN THIS S | DACE . | |
| PLANTATION FL US | L 33324 | PLANTATION FL 33324 US | | | 3. Date Incorporated or Qua | | FACE | |
| 03 | | 00 | | | 06/13/1994 | | | |
| 2 Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | App | olied For |
| 21 | lade of boomiess | 26 | | | 65-0499209 | | Not | Applicable |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | | | \$8.75 A | dditional |
| 22 | | 27 | | | 5. Certifcate of Status Desire | »d 1 | Fee Red | quired |
| City & State | е | City & State | | | 6_ Election Campaign Finance | يسيت _ إسها _ : cing | _\$5.00. | |
| 23 | | 28 | | | Trust Fund Contribution | | Added to | Fees |
| Zip | Country | Zip | Cour | ntry | 8. This corporation owes the | | | . |
| 24 | | [29] | 30 | | Personal Property Tax. | | Yes / | |
| | 9. Name and Address of Cui | rrent Registered Agent | | 81 Name / | 10. Name and Address of N | ew Registered A | gent | |
| CELL | ia, adelita l | | | C Mairie | ielia, Holeli | on L | <u>, </u> | |
| | NOFAL'S MGMT INC | | | 82 Street Add | ress (P.O. Box Number is Not Ac | ceptable) | | |
| | (R) N FEDERAL HWY | | } | 83 | 90 110111 | | 0 -> | |
| | T LAUDERDALE FL 33308 | •• | | <u> 1133</u> | _s / niver | sity UK | 2.51 | E. #2 |
| | | | . [| 84 City PL | an tata | [′] FI | 85 Z3 G | 352 |
| 44 Dursuant | to the provisions of Sections 607. | 0502 and 607 1508 Florida Stat | tutes, the at | ove-named corr | poration submits this statement fo | r the purpose of c | hanging its | registered . |
| office or r | to the provisions or occurring our. | 0002 0010 007.10007.10000 | | | and the second of discussions I harabit | ecent the ennoint | ment as red | intered |
| Office of the | egistered agent, or both, in the St | ate of Florida. Such change was | autnorized | by the corporati | ion's board of directors. I hereby | scéebt tue abbonut | | Isteled |
| | registered agent, or both, in the St im familiar with, and accept the ob | ate of Florida. Such change was light on of, Section 607.0505, F | lorida Statu | by the corporation tes. | ion's board of directors: I hereby | | 0 190 | 7.4 |
| agent. I a | registered agent, or both, in the St im familiar with, and accept the ob Signature, typed or printed name of registered | HOUR CERT | (Aldo | by the corporation of the corpor | ed when rytinstating) | OUN DATE | 9, 1, 49 | 79_ |
| | Signature, typed or printed name of registered | agent and title if applicable. (NC | (Aldo | tes, | (iA) _ | OFFICERS AND | 9/99 DIRECTOR | RS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered OFFICERS | doubted Subject to the subject to th | TEX Registered | by the corporation tes. Agent signature require | ed when rytinstating) | OFFICERS AND | 9, 1, 49 | 79_ |
| SIGNATURE | Signature, typed or printed name of registefed OFFICERS DPST KAHOOK, NOFAL | agent and title if applicable. (NC | 13. 1.1 TIT | by the corporation test of the corporation of the c | ed when rytinstating) | OFFICERS AND | 9/99 DIRECTOR | RS IN 12 |
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

OFFICER OR DIRECTOR