FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000054399 (8)**

1. Corporation Name

PLANTATION OFFICE BUILDING, INC.

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BLVD PENTHOUSE SUITE CORAL GABLES FL 33134	2121 PONCE DE LEON BLVD PENTHOUSE SUITE CORAL GABLES FL 33134

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified	3a. Date of Last Report
07/21/1994	05/01/1995

4. FEI Number: 65-0521206 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARCUS, STEWART
2121 PONCE DE LEON BLVD
PENTHOUSE SUITE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1505, 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 agree to comply with, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D ☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	MARCUS, STEWART	12 NAME
STREET ADDRESS	2121 PONCE DE LEON BLVD, PENTHOUSE SUITE	13 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP
TITLE	D ☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	BOGGIO, LLOYD J	22 NAME
STREET ADDRESS	2121 PONCE DE LEON BLVD, PENTHOUSE SUITE	23 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL 33134	24 CITY-ST-ZIP
TITLE	☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE	☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

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CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete and 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.

SIGNATURE: Lloyd J. Boggio 3/15/96 305-441-8188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #