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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90014 050 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000058421

1. Corporation Name
LOEWENSTERN PROPERTIES, INC.

Principal Place of Business
**6700 NORTH ANDREWS, SUITE 500
FT. LAUDERDALE FL 33309**

Mailing Address
**6700 NORTH ANDREWS, SUITE 500
FT. LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1994

4. FEI Number

65-0531047

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOEWENSTERN, ELLIOT
% BILTMORE SECURITIES, INC.
6700 N. ANDREWS AVENUE, SUITE 500
FORT LAUDERDALE FL 33309**

81 Name **Elliot Loewenstern**

82 Street Address (P.O. Box Number is Not Acceptable)
6700 N Andrews Ave

83 **Ste 401**

84 City **Fort Lauderdale** FL 85 Zip Code **33309**

11. Pursuant to the provisions of Sections 607.0502 and 607.1006, 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P LOEWENSTERN, ELLIOTT**
STREET ADDRESS **7227 QUEENFERRY CIRCLE**
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **17308 Whitehaven Dr**
1.3 STREET ADDRESS **Boca Raton, FL 33496**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **ST LOEWENSTERN, SHELLY**
STREET ADDRESS **7227 QUEENFERRY CIRCLE**
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **17308 Whitehaven Dr**
2.3 STREET ADDRESS **Boca Raton FL 33496**
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

(SIGNATURE)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)