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

Mailing Address

5444 WESTHEIMER SUITE 1605 HOUSTON TX 77056-5306

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

5444 WESTHEIMER SUITE 1605



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000066443 (0)

CLIFFWOOD PROPERTIES, INC.

HOUSTON TX 77056		HOUSTON TX 77056-5308							
						3. Date Incorporated or Qualified 09/09/1994	1 .	te of Last R 20/1996	eport
2. Principal Prace of Brisin	USS	2a. Mailing Address			4. FEI Number			plied For	
21		26			59-3268192	9-3268192 Not Applicat			
Suite, Apr. #, etc. 22		Suite, Apt. #, etc.			5, Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution		Added	to Fees	
Ζφ	Country	Zφ	Country			8. This corporation has liability for intangible tax under s 199.032,			
L	25	29	30 Florida Statutes Yes No					7	
	and Address of Current	Hegistered Agent	8	1 1	lame	10. Name and Address of New Key	jistered A	(gent	
DYMOND, WILL				Ή.	tailie				
215 N EOLA DR ORLANDO FL 32801			B	2 8	Street Address (P.O. Box Number is Not Acceptable)				
			8:	3					
i				1					
			8	4] Ĉ	City		FL	85 Zip (Code
11, Pursuant to the provisi	ons of Sections 607.0502	and 607.1508, Florida Statu	ites, the abo	ve-n	amed corp	poration submits this statement for the p		changing it	s registered
office or registered ag	ent, or both, in the State o	f Florida, Such change was	authorized I	oy th	e corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the app	ointment as	registered
	n, and accept the obligat	ions or, accordingor, asos, r	ionda State	C3.					
SIGNATURE Structure Typical	or practical rate electron stelled agent	and title if applicable (NO	TE: Registered A	aent s	ignature requi	red when reinstating)	DATE		
12.	OFFICERS AND		13.	_		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12
TITLE D		☐ DELETE	1.1 TITLE	:				Change	Addition
KAVE MITZNER	DAVID		1.2 NAME	E					
STREET ADDRESS 5444 WE	STHEIMER SUITE 160	5	1.3 STRE		DRESS				
CRY+ST-ZIP HOUSTO	N TX 77056		1.4 CITY-	-81-2	iP				
TOTAL D		DELETE	2.1 TITLE					Change	Addition
NAME MITZNER	, IRA		2.2 NAMI	Ε					
STREET ADDRESS 5444 WE	STHEIMER SUITE 160	5	2.3 STRE	STREET ADDRESS		•			
City-\$1 Zir HOUSTO	N TX 77056		2. 4 CITY	-ST-	ZIP				
nice D	,	☐ DELETE	31 TITLE			1415177		Change	Addition
NAME MITZNER			32 NAMI	E					
	STHEIMER SUITE 160	5	3 3 S1RE	ET ADI	DRESS				
Ca Y - ST - ZIP HOUSTO	N TX 77058		3.4 CITY	- ST- Z	!IP				
TOLE	,	DELETE	4.1 TITLE					☐ Change	Addition
NAME:			4. 2 NAM	ΙE					
STREET ADDRESS			4.3 STRE	ET ADI	DRESS				
City - ST - ZiP		34 No.	4.4 CITY-	-\$T-Z	IP				
TIME		DELETE	5.1 TITLE					☐ Change	Addition
NAME			5.2 NAMI	Ê	- 1				
STREET ADORESS			53STRE	et adi	ORESS				
CITA- 81- Yu.		- W.	54 CITY	- ST - Z	IP .				· • • • • • • • • • • • • • • • • • • •
THEF		DELETE	61 TITLE					Change	Addition
NAME			6.2 NAMI	E	1				
STREET ADDRESS			6.3 STRE	ET ADI	DRESS				

6.4 CITY - ST- ZIP 14. I do nereby 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 is 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 chapted, or on an attachment with an address.