FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000082199 (8)

DOCUMENT # P94000082199 (8)							
	PLAZA, INC.	•	•				
							
Principal Place of Business Mailing Address					. HANDLONE HIN FRIOL BIDLY MARKIN MAIN	BASSI ORIOS INSEND SPORT II	OLD LOUIS (EVI HOS)
333 WEST CAMINO GARDENS BLVD. STE. #200 BOCA RATON FL 33432		STE. #200	333 WEST CAMINO GARDENS BLVD. STE. #200 BOCA RATON FL 33432				
					 Date Incorporated or Qualified 11/09/1994 	3a. Date of Last 02/21/19	
		2a. Mailing Address	9		4. FEI Number		Applied For
21 26 26 Suite, Apt. #, etc		26	4		65-0536636 Not A		Not Applicable
· · · · · · · · · · · · · · · · · · ·		Suite, Apt #, etc.			5. Certificate of Status Desired	}	5 Additional
City & State		· · · · · · · · · · · · · · · · · · ·	City & State			Fee	e Required
23	•	28	City of City.		6. Election Campaign Financing Trust Fund Contribution		00 May Be fed to Fees
Zip Country		Ζφ			8. This corporation has liability for i		
24 25 29 29 9. Name and Address of Current Registered Agent			30	······································			
	9. Name and Address of Curre	ni registereo Agent	81	Name	10. Name and Address of New R	egistered Agent	
NEWMAN, FREDERIC D 333 WEST CAMINO GARDENS BLVD. STE. #200 BOCA RATON FL 33432							i
			82	Street Add	ress (P.O. Box Number is Not Acceptable	e)	
			83	/· •••			
			84	City		, 85 7	Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, or registered agent, or both in the State of Etypica. Such otherwise and statutes.				•		-1 1	•
or register	to the provisions of Sections 607,050 red agent, or both, in the State of Flor	i? and 607.1508, Honda Statu rida. Such change was authori	ites, the above in ized by the corpi	iamed corpoi oration's boa	ration submits this statement for the purp rd of directors. Thereby accept the appo	cose of changing its intraent as registers	registered office
TO THICK YET	th, and accept the obligations of, Sec	skon 607.0505, Florida Statute	is.			and the feet of th	o agent. I am
SIGNATURE	Signature, typed or profed have of registered ager	hand strentaggicative (N	Filt. Brigistered Ager	Lisapatare regime	d when remetating	{1A1 ₂	·- ·- ·-
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFE		ORS IN 12
TITLE	P DELETE		1 1 TITLE	1		☐ Change	
NAME	RUBIN, FRANK		1.2 NAME				
STREET ADDRESS 333 WEST CAMINO GARDENS BLVD		NS BLVD. #200	1.3 STREET	ADDRESS			
CITY - ST - ZIP TITLE	BOCA RATON FL 33432		1.4 CITY - ST - ZIP				
NAME	ST DELETE		2 1 Titu€			☐ Change	Addition
STREET ADDRESS	NEWMAN, FREDERIC D 333 WEST CAMINO GARDENS BLVD. #200		2.2 NAME				
CITY-ST-ZIP BOCA RATON FL 33432			2.3 \$1REET				
TITLE	DELETE		2.4 CITY - S 3.1 TIFLE			☐ Change	Addition
NAME		<u></u> ,	3.2 NAM:			ычануе	Addition
STREET ADDRESS			3.3 STR&£1	ADORESS			
CITY-ST-ZIP			3 4 CHY S				
TITLE		☐ DELETE	4 1 TillE			Change	Addition
NAME			4.2 NAME			-	_
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY - ST - ZIP			4.4 CITV - S1	i - ZIP			
TITLE	DETELE		5 1 THILE			Change	Addition
NAME			5.2 NAME				
STREFT ADDRESS			53 STREET	1			
CITY-ST-ZIP TITLE		DELETE	54 C Tr - S1	-ZIP			
NAME	•	LTI occur	6.11-ILE			Change	Addition
STREET ADDRESS			6.2 NAME	ADODGES			
CITY-SI-ZIP			6.3 STREET :	1			
	y certify that the information		6 4 C(1Y-S)	_##			

do be eby certify that the information conclined with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this animal report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the proporation or the recover or trustee en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged, or on an attachment with an address

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR