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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500003721 (4)

NANMYER PROPERTIES, INC.

Principal Place of Business

Mailing Address

## FILED Mar 26 1998 8:00am Secretary of State



19083 CLEARBROOK CIRCLE 18083 CLEARBROOK CIRCLE **BOCA RATON FL 33498-1941** BOCA RATON FL 33498-1941 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/12/1995 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 21 65-0548228 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zıp Country This corporation owes or has paid the current year Intangible X Yes □ No 24 30 Personal Property Tax due June 30. 25 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERKOWITZ, MYER 18083 CLEARBROOK CIRCLE Street Address (P.O. Box Number is Not Acceptable) R2 **BOCA RATON FL 33498-1941** 83 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 the if applicable (NO!t Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE ■ DELETE 1.1 TITLE Change Addition BERKOWITZ, MYER T NAME 1.2 NAME 18083 CLEARBROOK CIRCLE 1.3 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33498-1941 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADORESS STREET ADORESS

14. Thereby 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.

6.4 CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

82015C Jana

514- 188-37 36