

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 # P95000053819 (5)

1. Corporation Name

EWING PROPERTIES, INC.



Principal Place of Business

19101 MYSTIC POINT DRIVE
SUITE 1911
AVENTURA FL 33180

Mailing Address

19101 MYSTIC POINT DRIVE
SUITE 1911
AVENTURA FL 33180

3. Date Incorporated or Qualified

07/12/1995

3a. Date of Last Report

2. Principal Place of Business

21 6011 RODMAN ST.

Suite, Apt. #, etc.

22

23 HOLLYWOOD FL

City & State

24 33023

Zip

25 Brow

County

2a. Mailing Address

26 19101 MYSTIC PT. DR.

Suite, Apt. #, etc.

27 1911

28 AVENTURA FL

City & State

29 33180

Zip

30 PADE

Country

4. FFI Number

65-0598957

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

MARIN, EVAN R ESO.
48 E. FLAGLER STREET
PENTHOUSE 1014
MIAMI FL 33131

81 Name

82 Street Address

ISIDORE SHOCHAT (Acceptable)
19101 MYSTIC PT. DR. 1911
AVENTURA, FL 33180

83

84 City

FL

85 Zip Code

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 if applicable, (a) the registered agent's name and address as required when first filing.

DATE

4/19/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D SHOCHAT, ISIDORE
STREET ADDRESS 19101 MYSTIC POINT DRIVE, #1911
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Typed Name #

CR2E034 (12/95)