

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 # **P95000070297 (3)**

1. Corporation Name

THE ISLES OF PLANTATION ACRES, INC.



Principal Place of Business

Mailing Address

5030 N.W. 109TH AVENUE
SUITE M
SUNRISE FL 33351

5030 N.W. 109TH AVENUE
SUITE M
SUNRISE FL 33351

3. Date Incorporated or Qualified
09/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **12150 NW 10TH STREET**
Suite, Apt. #, etc.

26 **12150 NW 10TH STREET**
Suite, Apt. #, etc.

4. FEI Number

65-0632079

Applied For
Not Applicable

22 City & State

23 **CORAL SPRINGS FL**

27 City & State

28 **CORAL SPRINGS FL**

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

24 Zip **33071**

Country

29 Zip **33071**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POMERANTZ, ALAN J
5030 N.W. 109TH AVENUE
SUITE M
SUNRISE FL 33351

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 fee, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE
NAME **POMERANTZ, ALAN J**
STREET ADDRESS **5030 N.W. 109TH AVENUE SUITE M**
CITY - ST - ZIP **SUNRISE FL 33351**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
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CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

PRESIDENT / DIRECTOR
MARK PALESTINE
12150 NW 10TH STREET
CORAL SPRINGS FL 33071

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK PALESTINE

4/8/96 (954) 340-8546

CR2E034 (12/95)