Apr 27, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000088351

1. Corporation Name

CITYSCAPE PROPERTIES CORPORATION

	APE PROPERTIES											
Principal Flac	e of Business		Mailing Address] "	(B1480) (10 1818) B141) B0(1) 4	Marit 2011 (11 1	#1 F#1#F 1#11	P# (118)	1141 1141 1 44 1
1330 SE 4TH AVE				16						10.0015	_	
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							I -	corporated or Qualifed	3			
6 62 00 15	u		2- Mailing Address				11/17 4. FELNU				T An	lied For
2. Principal Place of Business			2a. Mailing Address				1			-	 -	Applicable
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.				65-0632525			\$8		dditional
	#, 610.		27				5. Certifoa	te of Status Desired			ee Re	
City & Stat	ie		City & State				6 Election	Campaign Financing	·	\$5	5.00	May Be
23			28					und Contribution			dde <u>d t</u> e	
Zip	Coun	try	Zip	Cour	ntry			rporation owes the cu	rrent year	ntangible	,	
24	25		29	30		_	1	al Property Tax.		☐ Ye		_No
	9. Name and Add	ress of Current	Registøred Agent				10. Name	and Address of New	Registere	d Agent		
 -					81	Name						
	NT, MARK F 0				82	Street Aric	dress (P.O. Bo:	Number is Not Accep	table)			
	EAST BROWARD B	LVD.		Į.								
	H FLOOR			ĺ	83							
FT. 1	Lauderdale FL 33	301		-	84	City				85	Zip C	ode
						City			F	L "	_,	
office or r agent. La	registered agent, or bol im familiar with, and ac	b in the State of	and 607.1508, Florida Stat Florida. Such change was ons of, Section 607.0505, F	authorized	l bv th	he corporat	tion's board of d	irectors. I hereby acci	ept the app	ointment	as reg	istered
office or ragent. I a	im familiar with, and an	h, in the State of cept the obligate	Florida. Such change was ons of, Section 607.0505, F	authorized Iorida Statu	l by th utes.	he corporat	tion's board of d	INS/CHANGES TO O	DATE		<u>. </u>	Istered
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14. I hereby 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 cartify 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 receivable 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 parallecting it with an address, with a lother like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR I RINTED NAME OF SIGNING OFFICEF OR DIRECTOR