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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90006 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000096853

1. Corporation Name

HURWIT FOUR CORPORATION

Principal Place of Business

**2115 N.E. 191ST DRIVE
NORTH MIAMI BEACH FL 33179**

Mailing Address

**2115 N.E. 191ST DRIVE
NORTH MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1995

4. FEI Number

65-0628387

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 Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip Country

24**25**

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip Country

29**30**

9. Name and Address of Current Registered Agent

**BRILL, THEODORE F
8211 W. BROWARD BLVD.
SUITE 360
PLANTATION FL 33324-2737**

10. Name and Address of New Registered Agent

81 Name

BARRY HURWIT

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

2115 N.E. 191ST DRIVE

83

84 City

N. MIAMI BEACH FL**FL**

85 Zip Code

33179

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

Barry Hurwit
Signature, typed or printed name of registered agent and title if applicable.**BARRY HURWIT**

(NOTE: Registered Agent signature required when reinstating)

5/2/99

DATE

12. OFFICERS AND DIRECTORS

TITLE

PST☐ DELETE

NAME

HURWIT, BARRY P

STREET ADDRESS

2115 NE 191 DRIVE

CITY-ST-ZIP

N MIAMI BEACH FL 33179

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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

1.1 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

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 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 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, with all other like empowered.

SIGNATURE:

Barry Hurwit
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/14/99**

Date

305-652-4078

Daytime Phone #

CR2E034 (11/98)