


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90004 003 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000019601 ✓

1. Corporation Name

PENDENNIS PROPERTIES, INC.

Principal Place of Business

110 SW 16TH AVENUE
POMPANO BEACH FL 33069
US

Mailing Address

110 SW 16TH AVENUE
POMPANO BEACH FL 33069
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1996

4. FEI Number

65-0653236

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 owes the current year
Intangible Personal Property.

☐ Yes

☐ No

2. Principal Place of Business

21 505 N.W. 65th COURT
Suite, Apt. #, etc. 104

2a. Mailing Address

26 505 N.W. 65th COURT
Suite, Apt. #, etc. 104

City & State

23 FT-Lauderdale

City & State

28 FT-Lauderdale

Zip

24 33309

Country

25 USA

Zip

29 33309

Country

30 USN

9. Name and Address of Current Registered Agent

STRAUSS, JASON
110 SW 16TH AVENUE
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

STRAUSS JASON

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

505 NW 65th COURT

83

Suite 104

84 City

FT-Lauderdale

FL

85 Zip Code

33309

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KOPEL, ZEV
STREET ADDRESS 105 SILVERBIRCH
CITY-ST-ZIP DOLLARD DES ORMEAUX QU

TITLE D ☐ DELETE

NAME STRAUSS, LOUIS
STREET ADDRESS 6072 WAVERLY STREET
CITY-ST-ZIP MONTREAL QU

TITLE D ☐ DELETE

NAME STRAUSS, MARIA
STREET ADDRESS 2519 SUGARLOAF LANE
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE ☐ DELETE

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

1.1 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.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

30/04/99 954-968-9811

CR2E034 (5/99)