FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000044276 (9)

18336 WEST DIXIE, INC.

Principal Place of Business	Mailing Address
1250 102 STREET	1250 102 STREET
BAY HARBOR FL 33154	BAY HARBOR FL 33154-1114

FILED May 06 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					[[
1250 102 STREET 1250 102 STREET				·			
BAY HARBOR	FL 33154	BAY HARBOR FL 33154-	1114				
					3. Date incorporated or Qualified 05/23/1996	3a. Date of Last F	Report
2. Principal Place of Business 2a. Mailing Address			, .,		4. FEI Number	ŢŢĀ	pplied For
21		26	The second secon		65-0479113		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Addition Fee Required		
22 City & Stat	<u> </u>	City & State		··	6. Election Campaign Financing	~	
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zφ	Cour	itry	8. This corporation has liability for in		s. 199.032,
24	25	29	30			Yes No	
150	9, Name and Address of Curre	ent Registered Agent		B1 Name	10. Name and Address of New Re	distered Agent	
	ierer, steven l j esq O northeast miami garden;	e noive		nanic			
		J DAITE		Street Add	ress (P.O. Box Number is Not Acceptab	le)	
SUITE 100 North Miami Beach Fl 33180				83			
1101						······································	0-4-
				B4 City			Code
SIGNATURE	Signature, (y ed or printed name or registered a	40/	O'l facgistered		poration submits this statement for the p tion's board of directors. I hereby accep red wherer stating) ADDITIONS/CHANGES TO OFFIC	Y/20/	[
12. TITLE	OFFICERS AF	ACCIDIRECTORS DELETE	13.	,	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	TAYLOR, R M		12 NA				
STREET ADDRESS	1250 102 STREET			EET ADDRESS			
CITY-\$T-ZIP	BAY HARBOR FL 33154		1.4 CH	Y-ST-7IP			
TITLE	VSD	☐ DELETE	2 1 TITE	.t		Change	Addition
NAME	IZAAK, PETER	Y 867	3.5 NVI	VE			
STREET ADDRESS	1000 EAST ISLAND BLVD. AF AVENTURA FL 33180	1. 307		EET ADDRESS			
CITY-ST-ZIP TITLE	ATENTORA I E 65 100	DELETE	2 4 CH 3.1 111	Y-S1-7IP		Change	Addition
NAME		المائد ال	3.2 NA			Onlinge	
STREET ADDRESS				EFT ADDRESS			
CITY-ST-ZIP			3.4 CI	Y- S1-7/P			
TITLE		☐ DELETE	4.1 117	f		Change	Addition
NAME			4 2 NA	ĺ			
STREET ADDRESS				EET ADDRESS	•		
CITY-ST-ZIP TITLE		DELETE	4.4 CIT 5.1 TiTl	Y-ST-ZIP		Change	Addilion
NAME		□ Milli	5.1 NA			onungo	L recuiron
STREET ADDRESS				EFT ADORESS			
CITY-ST-ZIP			4	Y-S1-21P			
TITLE		☐ DELETE	6.1 111			Change	Addition
NAME	1		G.2 NAI	ME			
STREET ADDRESS			6.3 STF	IEE1 ADDRESS			
CITY-ST-ZIP			64 CII	Y-SI-7(P			

14. I do 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60/, Florida Statutes; and that my name appears in Block 12 or Block 12 or on an attachment with an address.