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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000053616

1. Corporation Name
N.E. 17TH AVENUE CORPORATION

Principal Place of Business
**13251-13455 N.E. 17 AVE.
NORTH MIAMI FL 33181
US**

Mailing Address
**1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/21/1996

4. FEI Number
65-0692186

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**SILVERS, ROBERT H.
1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154**

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MANNO, BERT**
STREET ADDRESS **7420 MIAMI VIEW DRIVE**
CITY-ST-ZIP **NO BAY VILLAGE FL 33141**

TITLE **D** ☐ DELETE
NAME **MANNO, JOSEPHINE**
STREET ADDRESS **7420 MIAMI VIEW DRIVE**
CITY-ST-ZIP **NO BAY VILLAGE FL 33141**

TITLE **D** ☐ DELETE
NAME **MANNO, PETER**
STREET ADDRESS **1231 WASHINGTON AVENUE**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **D** ☐ DELETE
NAME **MANNO, EILEEN**
STREET ADDRESS **ONE HARBOUR WAY**
CITY-ST-ZIP **BAL HARBOUR FL 33154**

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 **1231 WASHINGTON STREET**
3.4 CITY-ST-ZIP **HOLLYWOOD FL 33019**

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: **X Bert Manno**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99-305-754-7654
Date Daytime Phone #

CR2E034 (11/98)