**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600054424

| 1. Corporation Name  |   |   |                            |                          |                       |  |                                    |                                      |                               |
|--|---|---|----------------------------|--------------------------|-----------------------|--|------------------------------------|--------------------------------------|-------------------------------|
| SHOPPES OF HUNT CLUB ENTERPRISES, INC.   |   |   |                            |                          | 1 1 8 8 9 1           | 1 <b>0</b> 3 21 <b>0</b> 10240 4132            | aeth sann sann A                   | ANDO OTORA DODRO GLORIS (1           | (8)) <b>8</b> (8) (8 <b>)</b> |
|  |   |   |                            |                          |                       |  |                                    |                                      |                               |
| Principal Place of Business Mailing Address  |   |   |                            |                          | 1106311               | 184 (18 98)(8 8)(1                             | BAIRL BAISL AND IN                 | )                                    | (B)( #1#( }##)                |
| 5979 N.W. 151ST ST. 5979 N.W. 151ST ST.  |   |   |                            |                          |                       |  |                                    |                                      |                               |
| #240 #240<br>Miami Lakes Fl 33014 Miami Lakes Fl 33014-2427  |   |   |                            |                          |                       | DO NO  | T WRITE IN T                       | HIS SPACE                            |                               |
| MIAMI LAKES FL 33014 MIAMI LAKES FL 33014-2427   |   |   |                            |                          | 3. Date Incor         |  |                                    |                                      |                               |
| }  |   |   |                            |                          | 06/26/19              | 996  |                                    |                                      | l                             |
| 2. Principal Pl  | ace of Business   | 2a. Mailing Address   | 11.                        |                          | 4. FEI Numbe          |  |                                    | App                                  | lied For                      |
| 21 90  | MARK GELBERT  | 26 %  | 174ch                      | Gusp                     | <del>*</del> 65-0741  | <u>314                                    </u> |                                    |                                      | Applicable                    |
| Suite, Apt. 1  | Beicken Key Some  | 2a. Mailing Address 26  C/o  COSuite, Apt. #, etc.  27  Ch. S State | Ken                        | DA #6                    | 5. Certifcate         | of Status Des                                  | sired                              | \$8.75 Ac                            |                               |
| City & State   |   | City & State  |                            |                          | 6. Election Ca        | ampaign Fina                                   | incing                             | \$5.00 h                             |                               |
| 23 Pl.am. FL 28 MAM FL   |   |   |                            |                          |                       | Contribution                                   |                                    | Added_to                             | Fees                          |
| Zip Country Zip Cou  |   |   |                            |                          | 1                     |  | he current year                    |                                      | ⊒No                           |
| 24 33/3  |   | 29 33/3/ 30   | 11                         |                          | 10. Name and          | roperty Tax.                                   | New Register                       |                                      |                               |
| 9. Name and Address of Current Registered Agent 81 Name  |   |   |                            |                          | 14.1                  | ,  |                                    | <u></u>                              |                               |
| GILBERT, MARK  |   |   |                            | Ctrook Add               | / / AUR               | CI13   |                                    | # / **                               |                               |
| 59X9 N.W. 151-6THEET   |   |   |                            | Street Add               | iress (P.O. Box Nu    | ekue k   | 47 /)A                             | vi 2600                              |                               |
| SUITE 240  |   |   | 83                         |                          |                       |  | /                                  |                                      |                               |
| MIAMI LAKES FL 33014   |   |   |                            | City                     | M.                    |  |                                    | 85 Zin C                             | ode                           |
|  |   |   |                            |                          | fiam.                 |  |                                    |                                      |                               |
| 11. Pursuant   | to the provisions of Sections 607.0502<br>agistered agent, or both, in the State on<br>familiar with, and accept the obligati | and 607.1508, Florida Statutes, f Florida, Such change was auth     | the above-<br>orized by th | named con<br>ne corporat | poration submits the  | is statement<br>tors. I hereb                  | for the purpose<br>y accept the ap | ) of changing its repointment as reg | egisterea<br>istered          |
| agent. I ai  | n familiar with, and accept the obligati  | op of Section 07.0505, Florida                                      | a Statutes.                | 1                        | •                     |  | 11.60                              |                                      |                               |
| SIGNATURE  |   | and title of the Chief Po   | J/A                        | MA C3                    | red when reinstating) | ~  | ////7/<br>DATE                     |                                      |                               |
| Signature, typed or printed name of legisters agent and title applicable. (NOTE: Registers  12. OFFICERS AND DIRECTORS 13. |   |   |                            | signatura requir         | ADDITIONS             | /CHANGES                                       | TO OFFICERS                        | AND DIBECTOR                         | RS IN 12                      |
| TITLE  | P   | ☐ DELETE  | 1.1 TITLE                  |                          | Mark                  | GINN   | 4                                  | . Change                             | Addition                      |
| NAME   | GILBERT, MARK   |   | 1.2 NAME                   |                          | 601 B                 | QUELLE A                                       | ery DR                             | \$600                                |                               |
| STREET ADDRESS   | 5979 NW 1516T-SUITE 240   |   | 1.3 STREET A               | ODRESS                   | Mais.                 |  | ]<br>33/3/                         |                                      |                               |
| CITY-ST-ZIP  |   |   | 1.4 CITY-ST                | ŻIP                      | 7 1 147-1 -           | 72   | 33/2/                              | [7] Channa                           | Addition                      |
| TITLE  |   | ☐ DELETE  | 2.1 TITLE                  |                          |                       |  |                                    | Change                               | L_J Addition                  |
| NAME   |   |   | 2.2 NAME                   |                          |                       |  |                                    |                                      |                               |
| STREET ADDRESS   |   |   | 2.3 STREET A               |                          | •                     |  |                                    |                                      | _                             |
| CITY-ST-ZIP  |   | □ DELETE  | 2.4 CITY-ST-ZIP            |                          |                       |  |                                    | ☐ Change                             | ☐ Addition                    |
| NAME   |   |   | 3.2 NAME                   |                          |                       |  |                                    | _ ,                                  |                               |
| STREET ADDRESS   |   |   | 3.3 STREET A               | ADDRESS                  |                       |  |                                    |                                      | ;                             |
| CITY-ST-ZIP  | 77667650  |   | 3.4. CITY-ST-              |                          |                       |  |                                    |                                      |                               |
| TITLE  |   | ☐ DELETE  | 4.1 TITLE                  |                          | 1.10                  |  |                                    | ☐ Change                             | Addition                      |
|  |   | ;   | A 2 NAME                   | İ                        |                       |  |                                    |                                      |                               |

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 recute 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.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

□ DELETE

☐ DELETE

303 533-2864

Change

☐ Change

Addition

Addition

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90028 002 \*\*\*158.75