2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # P96000070 PERTIES, INC.	395			Secret	ary or S	tate -
	e of Business	Mailing Address		1			
HOLLYWOOD	DERAL HIGHWAY 1, FL 33020	211 SO. FEDERAL HIGHWAY HOLLYWOOD, FL 33020		ļ			
			·				
				01142004	No Chg-P	CR2E034 (10	/03)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb			Applied For
				65-069		□ \$8.7°	Not Applicable 5 Additional
	8. Name and Address of Current F	Aprilate and Arment		5. Certificate	of Status Desired		quired
		egialeled Agent			And the second s		
WILLNER, 211 S. FEI	, IRA DERAL HWY	 •		DO	NOT W	RITE	
	OOD, FL 33020	,		IN T	THIS SP	ACE	
					,-	•	n in the Person States
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flor	rida. I am familiar	with, and aggrept
SIGNATURE.	Signature, typed or printed name of registered agent as	nd trile if applicable. Replicable.	ed Agent signature required	j wnen reinstating)		DATE	
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Fina	ncing _ \$5	.00 May Ba led to Fees			
10.	OFFICERS AND D	DIRECTORS _	I				
TITLE NAME	D WILLNER, IRA S						_ + *
STREET ADDRESS	211 SO. FEDERAL HIGHWAY	•					
City-St-ZiP	HOLLYWOOD, FL 33020				t/0000C	1007279	· -
TITLE NAME					01/20/04-	20016-017	150.00
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CITY-SI-DP			1				
KAME						<u> </u>	·
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
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name Street address				***			
CITY-ST-ZIP							
TITLE			1	•	· - ·		
NAME STREET ADORESS							-
CITY-ST-ZIP			1				
TITLE NAME							
STREET ADDRESS					La Life of the Control of	. =	3-4-3-3-3

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oalh; that I am an officer or director of the corporation or the receiver or truetes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11.0 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED HAVE OBSIGNING OFFICER ON DIRECTOR

SIGNATURE: