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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000075634**1. Corporation Name

FILED Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90054 048 ***150.00

P.S.L. P.	ROPERTIES, INC.						
Principal Plac	e of Business	Mailing Address			1 (69)(40)) (10) (10) (8) (11) (8)	Olih Bodh ornu 12001 bilin bili	O O O O O O O O O O O O O O O O O O O
C/O LEONARI	n KINKER	C/O LEONARD KINKER					
C/O LEONARD KINKER 2929 EAST COMMERCIAL BLVD. #208 C/O LEONARD KINKER 2929 EAST COMMERCIAL BL			VD. #208				:
FORT LAUDERI	- · · · · · · · · · · · · · · · · · · ·	FORT LAUDERDALE FL 3330				ITE IN THIS SPACE	···
					3. Date Incorporated or Qualifed	ŀ	
					09/11/1996		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 26				65-0702621	N	lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75	Additional	
27				5. Certifcate of Status Desired	Fee R	Required	
City & State City & State				6. Election Campaign Financing	\$5.00	May Be	
28			•	Trust Fund Contribution	1 1 1 1 1	to Fees	
Zip	Country	Zip	Country	,	8. This corporation owes the cur	rent year Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current				10. Name and Address of New	Registered Agent	
			81	Name	1)		
KINK	ker, Leonard			7	LUIN SILVERNAN	11.	
2929	EAST COMMERCIAL BLVD.		82	Street Ad	dress (P.O. Box Number is Not Accept	Place	
SUIT	TE 208		83	7 62	75 NW HOPPOF	10001	
	IT LAUDERDALE FL 33308						
			84	City 🕳	tuort	FL 85 Zip	Code
							777
i office or r	registered agent, or both, in the State o	of Florida. Such change was aut	thorized by	the corpora	rporation submits this statement for the tion's board of directors. I hereby acce	pt the appointment as r	s,registered egistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	da Statutes			11	1
SIGNATURE		^ \ ~			J	Il in laci	
		ALVIN -	3/ <i>L-1/2</i>	HMM		770777	, i
	Signature typed or printed name of registered agent	t and title if applicable. (NOTE. R	<u> </u>	nt signature requi	ired when reinstating)	OAY 17	
12.	OFFICERS AND	t and title if applicable. (NOTE, R D DIRECTORS	13.	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OF		
	OFFICERS AND	t and title if applicable. (NOTE. R	13.	at signature requ		DAYE FICERS AND DIRECTO	
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12.	OFFICERS AND DT KINKER, LEONARD 2929 EAST COMMERCIAL BLVD	t and title if applicable. (NOTE: R) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	t signature requi		☐ Change	₹ Addition
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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 of an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR