

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085793 (3)
1. Corporation Name
NORTH HAVEN PROPERTY CORPORATION



Principal Place of Business 900 N FEDERAL HWY SUITE 380 BOCA RATON FL 33432	Mailing Address 900 N FEDERAL HWY SUITE 380 BOCA RATON FL 33432
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4000 N. FEDERAL HWY Suite, Apt. #, etc. 22 SUITE 201 City & State 23 BOCA RATON FL Zip 24 33431		2a. Mailing Address 26 4000 N FEDERAL HWY Suite, Apt. #, etc. 27 SUITE 201 City & State 28 BOCA RATON FL Zip 29 33431		3. Date Incorporated or Qualified 10/15/1996	
25 US		30 US		4. FEI Number 65-0709156	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEVINE, JEFFREY A
900 N FEDERAL HWY
SUITE 380
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name JEFFREY A. LEVINE
82 Street Address (P.O. Box Number is Not Acceptable) 4000 N FEDERAL HWY
83 SUITE 201
84 City BOCA RATON FL 85 Zip Code 33431

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 Jeffrey A Levine DATE 1/9/98
Signature of person changing name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D, P
NAME	SKOLNICK, DAVID	1.2 NAME	
STREET ADDRESS	401 E. LINTON BLVD #223 SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	33483
TITLE	VP	2.1 TITLE	
NAME	SKOLNICK, LOUIS	2.2 NAME	
STREET ADDRESS	1499 W. PALMETTO PARK RD #156	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	33486
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Randy H. Skolnick, V.P./LOUIS H. SKOLNICK, V.P. - 5/1/98 - 561-7501544

CR2E034 (10/97)