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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 10 1998 8:00am

Secretary of State

9-6-98

1001-204-8222

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P97000007830 (7)

MIZNER LAKE ESTATES REALTY, INC.

Principal Place	e of Business	Mailing Address			
2499 GLADES	ROAD	2499 GLADES ROAD			
SUITE 114 BOCA RATON FL 33431		SUITE 114 BOCA RATON FL 33431	İ	DO NOT WRITE IN THIS SPACE	
		OCON INTON TE SONS!		3. Date Incorporated or Qualified	
				01/27/1997	
2. Principal P	lace of Business	2a. Mailing Address		4 FELNumber Applied For	
21		26		65-072 9612 Not Applicab	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional	
22		27		Fee Required	
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be	
23	Courte	28	Caunta	Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	25 Same and Address of Curre	29 ent Registered Agent	[30]	Personal Property Tax due June 30. LJ Yes LJ No 10. Name and Address of New Registered Agent	
PO	 		81 Name	10.	
POPKIN & SHURPIN, P.A.			ļ <u>.</u>		
2499 GLADES ROAD SUITE 114 82 Street A			ddress (P.O. Box Number is Not Acceptable)		
	CA RATON FL 33431		83		
ьо	CA HATON FE 33431				
			84 City	FL 85 Zip Code	
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Statu	utes, the above-named o	personation as built this statement for the purpose of changing its registers	
office or re	egistered agent, or both, in the Sta	te of Florida. Such change was	authorized by the corpo	constraint submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
	mamiliar with, and accept the don	igations of, decitor our .0300, i	ionos statutes.		
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable. (NC	OTE: Registered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D _.	☐ DEL ete	1.1 TITLE	Change Addition	
NAME	POPKIN, EDWARD D		1.2 NAME		
STREET ADDRESS	2499 GLADES RD, STE 114		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE	L Change Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		CONTE	2. 4 CITY - ST - ZIP	Channel	
TITLE'		DELETE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
NAME		LJ OCCCIL	4.2 NAME	Control Control	
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-SI-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME		- -	5.2 NAME	_ · · · _	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 THLE	Change Addition	
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby c	certify that the information supplied	with this filing does not qualify	for the exemption stated	t in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
officer or a	dispator of the corneration of the re-	caluar or tructae amnowared to	curate and that my sign execute this report as r	lature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in	
Block 12 (or Block 13 if changed, or on an all	lachment with an address			
	1 Oprim +	J. 1917 6 14	•	9-6-94 0-1-264-0222	