SECOND.NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

P97000034407 🗸

PROFIT CORPORATION ANNUAL REPORT 1999

SHOPS OF COOPER CITY G.P., INC.

DOCUMENT #

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90013 003 ***300.00



Principal Place of Business Mailing Address									11 48111 1881 18	! !
1320 S. DIXIE HWY., STE. 781 1320 S. DIXIE HWY., STE. 781				781						
CORAL GABLE FL 33146			CORAL GABLE FL 33146				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified	THIS SPACE	,	
							04/16/1997			İ
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Applied For	
 ·			26 Maining Address				65-0777890	 	Not Applicat	_
Suite, Apt. #, etc.			uite, Apt. #, etc.						Additional	
22			27				5. Certificate of Status Desired		Required	
City & State			City & State				-6. Election Campaign Financing\$5.00 May Be-			
23			28				Trust Fund Contribution Added to Fees			
Zip Country			Zip Cou				8. This corporation owes the current y	rear/		
24 4	25	29		30			Intangible Personal Property.	Yes	No	
•	9. Name and Address of Curre	nt Register	red Agent		L.,		10. Name and Address of New Regis	tered Agent		
000	ANL CARVI				81	Name				
BROWN, GARY L					82	Street Addr	ress (P.O. Box Number is Not Acceptable)			-
STE. 200, 20803 BISCAYNE BLVD.										
ADVE	INTURA FL 33180				83					
					84	City		85 Zi	p Code	
								FL		
11. Pursuant	to the provisions of sections 607.050	2 and 607.	1508, Florida Statute	s, the ab	ove-	named corpo	ration submits this statement for the purpos	se of changing its	registered	
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Fiorida. Jations of, s	. Such change was a section 607.0505, Fig	nida Sta	a by tutes	ine corporati 3.	on's board of directors. I hereby accept the	: арронинени аз	registereu	Ì
SIGNATURE										
	Signature, typed or printed name of registered age				ered A	gent signature req		DATE	TODO IN 12	. ⊣ ଛ
12.	OFFICERS AI	ND DIRECT		13.	T1 C		ADDITIONS/CHANGES TO OFFICE		T	l
TITLE	P COTT		L DELETE	1.1 TI		1		Chang	e L Addit	10U Z
NAME	Greenwald, Scott 1320 S dixie Highway #781			1.2 N						
STREET ADDRESS	CORAL GABLES FL 33146					ADDRESS				12/2
CITY-ST-ZIP	COMAL GABLES FL 33140		· 🗆 nevere	2.1 T	TY-ST	-ZIP		Chana	e Addit	
TITLE			DELETE	2.2 N				L Chang	# Addii	1011
NAME						ADDRESS				
STREET ADDRESS				1		ADDRESS				
CITY-ST-ZIP TITLE			Document of the second	3.1 TI	TY-ST	-ZIP		Chang	e Addi	tion
NAME			DELETE	ı.				Chang	5	
STREET ADDRESS				li i		ADDRESS	, , , , , , , , , , , , , , , , , , , ,			-
				li i	ITY-ST					
CITY-ST-ZIP TITLE			DELETE	4.1 Ti		1-211		Chang	e Addit	tion .
NAME				4.2 N				L Onling	,	·
STREET ADDRESS						ADDRESS			•	
					ITY-ST					
CITY-ST-ZIP TITLE	***		DELETE	5.1 Ti		1-211	1.25	Chang	e Addit	tion
NAME			- Dereie	5.2 N				onang		
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					ITY-ST					
TITLE			DELETE	6.1 TI				Chang	e 🔲 Addit	tion
NAME				6.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	•				ITY-ST					
	I									

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 requirer 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.

7/9/99

(305) 667-2225

SISNATURE REQUIRED

P970 000 34407
1320 South Dixie Highway
Suite 781
Coral Gables, FL 33146
596326-90013-6

Shops of Cooper City G.P., Inc.

July 9, 1999

Department of State
Division of Corporations
Annual Reports Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

Please find enclosed with this letter the Profit Corporation Annual Report. Please note that the filing fee included is \$150.00.

I speke to Ms. Elizabeth Geddings in your office today and informed her that we never received a first notice. She instructed me to write this letter and enclose it with the \$150.00 payment.

Please seel free to contact me at (305) 667-2225 should you have any questions.

Sincerely

Michelle Soliman for Scott Greenwald

Edelle Solinian