PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000041548

FISHER PROPERTIES, INC.

Principal Place of Business 799 BRICKELL PLAZA SUITE 900

Mailing Address

799 BRICKELL PLAZA SUITE 900

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90013 044 ***150.00



ATTN: CAROL S. FABER, ESQ. MIAMI FL 33131		ATTN: CAROL S. FABER. ESO. MIAMI FL 33131			DO NOT WRITE IN THIS SPACE	
MIRAN 12 OUTO					3. Date Incorporated or Qualifed 05/09/1997	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0758088 Not Applicable	
Suite, Apt. i	⊭, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes □No	
24	25	29 30	<u> </u>		Personal Property Tax. Yes INO 10. Name and Address of New Registered Agent	
	9. Name and Address of Curren	t Registered Agent	81	Name		
PERI	MAN AND FABER, P.A.				ref fillall a ASSOCIATE, F.A.	
	BRICKELL PLAZA SUITE 900		82	Street A	t Address (P.O. Box Number is Not Acceptable) 799 Bricke! I Plaza	
	II FL 33131		83			
1710 410			00		Suite 900	
			84	City	Miami FL 85 Zin 33131	
11. Pursuant 1	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	e-named	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
agent. I ar	n familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statutes		2 0 11 1 0 110 100	
SIGNATURE	- Vue	Geor	ge υ.	rerii	Iman, President 2/18/99	
		· · · · · · · · · · · · · · · · · · ·		t signature re	a required when reinstating) DATE DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	VP CFORDER	C Defete			- Contained - Cont	
NAME	PERLMAN, GEORGE D	••	1.2 NAME			
STREET ADDRESS	799 BRICKELL PLAZA SUITE 9	00	1.3 STREET		S	
CITY-ST-ZIP	MIAMI_FL 33131	☐ DELETE	1.4 CITY-S 2.1 TITLE	-ZIP	D Change Addition	
TITLE	P	DELETE			Mosselson, Dennis	
NAME	MOSSELSON, DENNIS		2.2 NAME			
STREET ADDRESS	C/O 799 BRICKELL PLAZA S	UI1E #900	2.3 STREET		Miami, Florida 33131	
CITY-ST-ZIP	MIAMI FL 33131	☐ DELETE	2. 4 CITY-5	T-ZIP	Change Addition	
TITLE !	TS	L DELETE	3.1 TITLE		- Onlings - Position	
NAME	MOSSELSON, MARIAN		3.2 NAME			
STREET ADDRESS	799 BRICKELL PLAZA SUITE	#900	3.3 STREET		S	
CITY-ST-ZIP	MIAMI FL 33131	☐ DELETE	3.4. CITY- S	T-ZIP	☐ Change ☐ Addition	
TITLE		□ DELETE	4.1 TITLE		Change — Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE			
CITY-ST-ZIP		□ ocusts	4.4 CITY-S	r-ZIP	Change Addition	
TITLE		☐ DELETÉ	5.1 TITLE 5.2 NAME			
NAME			5.2 NAME 5.3 STREET	ADDDESS	e	
STREET ADDRESS					ა 	
C/TY-ST-ZIP		□ DELETT	5.4 CITY-S 6.1 TITLE	1-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	6.2 NAME			
NAME			1	. ADDOESS		
STREET ADDRESS			6.3 STREE		5	
CITY-ST-ZiP			6.4 CITY-S	1-ZIP		

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 on bustee 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 attachness with all other like empowered.

SIGNATURE:

GEORGE D. PERLMAN, Vice President 2/18/99