PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

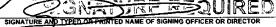
1999 DOCUMENT # P9700066621

ZAVE PROPERTIES SOUTH FLORIDA, INC.

.1								
Principal Place	of Business	Mailing Address			1 10011001 110 10	'it (DBIS BAIS! ABIII DAII: AAI	IN MICH BELIE BEICE	11991 1191 1991
ZERYGLAGES HOMOX SATE VACOUS SAX		XXXX XXX40X X XXXXX XXXX XXX40X X XXXXX XXXX XXXXX X XXXXXX XXX XXXX XXXXX XXXXXX		DO NOT WRITE IN THIS SPACE				
	•				3. Date incorporated	or Qualifed		
					07/31/1997			
2. Principal Pl	ace of Business	2a. Mailing Address	•		4. FEI Number	n	<u> </u>	plied For
	litchell McRae	26 C/O Mitchell	R6 C/O Mitchell McRae Suite, Apt. #, etc.		APPLIED FOI	<u> </u>		t Applicable
Suite, Apt. #, etc. 23003 South State Rd. 7		27 23003 South State Rd. 7		5. Certifcate of Statu	is Desired	\$8.75 A Fee Red	quired	
City & State		City & State		6. Election Campaig	- 11	\$5.00		
	Raton, FL	28 Boca Raton, FL Zip Country		Trust Fund Contri		Added to	o Fees	
Zip				Y	,	wes the current year I		ΣγίΝο
24 33428				A Personal Property Tax. LI Yes 10. Name and Address of New Registered Agent				-Airo
9. Name and Address of Current Registered Agent				Name	10, Italile and Addre	ss of New Registere	u Agent	
MCR	AE, MITCHELL T							
West Boca Plaza				Street Add	ress (P.O. Box Number is Not Acceptable)			
23003 South State Rd.			7 83		West Boca Plaza			
i aaa	KKANAKANAMI Boca	Raton, FL 33428	6	23003	South State	Rd. 7		
XXX		84	City	Raton	F	85 Zing 9	799g	
					. Raton	<u>-</u>	-	
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								
	Signature, typed or printed name of registered agent		<u> </u>	nt signature requir	red when reinstating)	DATE	AND DIDECTO	DC IN 12
12.	OFFICERS AND	DELETE DELETE	13.		ADDITIONS/CHAN	IGES TO OFFICERS	Change	Addition
TITLE	DPVS	□ beceie						
NAME	ABERMAN, ZAVE	4004	1.2 NAME	T. 1000500				
STREET ADDRESS	1255 RUE UNIVERSITY, SUITE			TADDRESS				
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H3B3X-3		1.4 CITY-ST-ZIP				Change	Addition
TITLE	ADEDMAN ZAVE	C) pereie	2.1 TITLE	1			onango	
NAME	ABERMAN, ZAVE		2.2 NAME					i
STREET ADDRESS	1255 RUE UNIVERSITY, SUITE 1604		2.3 STREET ADDRESS					
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H3B3X-3		2.4 CITY-ST-ZIP				Change	Addition
TITLE		☐ DELETE	3.1 TITLE				Change	
NAME			3.2 NAME	+				
STREET ADDRESS			1	TADORESS				
CITY-ST-ZIP	☐ DELETE		3.4. CITY-ST-ZIP				Change	Addition
TITLE	€ DELEJE		4.1 TITLE					
NAME			4. 2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				Change	Addition
TITLE	DELETE		5.1 TITLE				☐ Change	
NAME			5.2 NAME	T 40000				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP			Пс	T AJJac
TITLE .		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS				TADORESS				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				

14. 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, with all other like empowered.

SIGNATURE:



FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90079 050 ***150.00