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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90079 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000066621

1. Corporation Name

ZAVE PROPERTIES SOUTH FLORIDA, INC.



Principal Place of Business 2255 CLAYES ROAD SUITE 1604 BOCA RATON FL 33431	Mailing Address 2255 CLAYES ROAD SUITE 1604 BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O Mitchell McRae Suite, Apt. #, etc. 22 23003 South State Rd. 7 City & State 23 Boca Raton, FL Zip Country 24 33428 25 USA		2a. Mailing Address 26 C/O Mitchell McRae Suite, Apt. #, etc. 27 23003 South State Rd. 7 City & State 28 Boca Raton, FL Zip Country 29 33428 30 USA		3. Date Incorporated or Qualified 07/31/1997	4. FEI Number APPLIED FOR Applied For Not Applicable
5. Certificate of Status Desired <input 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCRAE, MITCHELL T
2255 CLAYES ROAD
SUITE 1604
BOCA RATON FL 33431
West Boca Plaza
23003 South State Rd. 7
Boca Raton, FL 33428

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	West Boca Plaza		Boca Raton	FL 33428

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERMAN, ZAVE	1.2 NAME	
STREET ADDRESS	1255 RUE UNIVERSITY, SUITE 1604	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H3B3X-3	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERMAN, ZAVE	2.2 NAME	
STREET ADDRESS	1255 RUE UNIVERSITY, SUITE 1604	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H3B3X-3	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 1999

Date

Daytime Phone #

CR2E034 (11/98)