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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

P97000067861 (9) **DOCUMENT #**

FILED Mar 10 1998 8:00am Secretary of State

D.S.A.	INDUSTRIAL PROPERTIES,	NC.					
Principal Plac	e of Business	Mailing Address			-	160 A1511 30001 18110 01101 130	/! !!!! !
4700 HIATUS RD., STE. 153 4700 HIATUS RD., STE. 153 SUNRISE FL 33351 SUNRISE FL 33351			3		DO NOT WRITE IN	TUIC COACE	
					3. Date Incorporated or Qualified	THIS SPACE	
					08/05/1997		
	lace of Business	2a. Mailing Address			4. FEI Number	Applie	~ <u></u>
Suite, Apt.	# nic	Suite, Apt. #, etc.		~	65-0774402	A0 75	pplicable
22	w, etc.	27			5. Certificate of Status Desired	38.75 Addi Fee Regula	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 Ma	
23		28			Trust Fund Contribution [
Zip	Country	- γ Z(p)	Country	•	8. This corporation owes or has pald the		
24	25 g, Name and Address of Current		90		Personal Property Tax due June 30. 10. Name and Address of New Regist		°
CD	ISCUOLO, DONALD G	Sanita villant	81			reliant	
	NE 167TH ST., N.		_	Genet	Benjamin J.		
	AMI BEACH FL 33182		82		ess (P.O. Box Number is Not Acceptable) Hiatus Road		
****	un berion i e color		83				
			-	Suite	153		
	40		84	Sunri	se .	FL 85 Zip Cod 3335	ادُّدُ
11. Pursuant office or r	to the provisions of Sections 607.0502 registered for it, or both, in the State in familiar and account are obliga-	and 607,1508, Florida Statutes of Florida, Such change was au trous of Section 607,0605, Flori	s, the above thorized by	e-named corporation	oration submits this statement for the purp on's board of directors. I hereby accept th	ose of changing its re- e appointment as regi	gistered istered
SIGNATURE	11/4	Benjamin J.				arv 1998	
SIGNATORE	Specific, types or protect name of registered ager	rand the it applicable (NOTE:	Registered Age	ent signature require	d when reinstating)	ATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		***
TITLE	GENET, BENJAMIN J	☐ DELETE	1.1 1(TLE	-		Change	_] Addition
NAME OTOTET ADDOCCE	ATAN LILATING OR OTE ATA		1.2 NAME	ADDOLEC			
STREET ADDRESS	OUNDION FL AGORA		1.3 STREET 1.4 City - 8				
CITY-ST-ZIP TITLE	00141402 12 00001	DELETE 2.1 TI		11-21r		Change L	Addition
NAME		_	2.2 NAME			•	·
STREET ADDRESS			2.3 STREET	ADDRESS			1
CITY-ST-ZIP			2 4 CITY-	SY-ZIP			
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				ĺ
CITY-ST-ZIP		Doug	3.4. CITY -	ST-ZIP		17 05	7 4 4 4 7 1 2
TITLE		☐ DELETE	4.1 TITLE	}		[_] Change	_] Addition
NAME			4. 2 NAME	1000000			
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-S	11-ZIP		Change	Addition
NAME		 · ·	52 NAME				_
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S				
TITLE		DELETE	6 1 TITLE			Change	Addition
NAME			6.2 NAME				İ
STREET ADDRESS			6.3 STREET	ADDRESS			i
CITY-ST-ZIP		~ 1	6.4 CITY - S				
14. I hereby of indicated	certify that the information supplied wi on this annual report or supplication	h this fling loss not qualify for a hun report is true and accur	the exemp	tion stated in S at my signature	Section 119.07(3)(i), Florida Statutes. I furt e shall have the same legal effect as if ma ired by Chanter 607, Florida Statutes, and	ner certify that the info de under oath; that I a	armation am an

SIGNATURE: