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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000071714

1. Corporation Name

WHITE S	SATIN PROPERTIES, INC.								
Principal Place	e of Business	Mailing Address				- 1 EDITER: 110 DITH DAIL BAIL BAIL BAIL	1008) 118() 180	#1 1/ 8 1/ # /#(1 8 #/	
2810 NE 60 STREET 2810 NE 60 STREET FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed			
						08/19/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				65-0778881	!	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required		
_City & Stat	د د د چ کا سعد میخود میت را 🖻	City & State		-		6. Election Campaign Financing Trust Fund Contribution	· · · · ·	May Be - to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year In	_	_/	l
24	25	29	30			Personal Property Tax.	☐Yes		ļ
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered	Agent		ł
INO.	ADDODATORS OF IS INC			81 Nar	ne				
INCORPORATORS PLUS, INC. 1214 N UNIVERSITY DRIVE				82 Str	et Addre	ess (P.O. Box Number is Not Acceptable)			
PLAI	ntation FL 33322			83					
	علكم للوهجاء الربحو دريم له			84 City		FI.	_=	Code	_
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation					oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	f changing pintment as	ts registered registered	
	Signature, typed or printed name of registered agent			Agent signal	ure required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDEC.	TOPS IN 12	₹
12.	OFFICERS ANI	D DIRECTORS DELETE	13.	n.c.		ADDITIONS/CHANGES TO OFFICERS A	Chang		1
TITLE	_			1.1 TITLE 1.2 NAME					3
NAME	THE THE STATE OF T			}				8	
STREET ADDRESS				REET ADDR	:33		•		}
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NAME				REET ADDR	:55				
STREET ADDRESS					-~			. .	
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NAME		,		REET ADOR	ESS		-		-
STREET ADDRESS				TY-ST-ZIP				•	1
CITY-ST-ZIP		☐ DELETE	6.1 TI		-		Chang	e Addition	1
TITLE									

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 on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #