

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90055 036 ***150.00

DOCUMENT # P97000084194

1. Entity Name
SURPLUS PROPERTY HOLDING CORP.



Principal Place of Business
**3600 NW 82ND AVE
MIAMI, FL**

Mailing Address
**3600 NW 82ND AVE
MIAMI, FL**

00030215



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0787172

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'MEARA, VICKI A
3600 NW 82ND AVE
MIAMI, FL**

7. Name and Address of New Registered Agent

Name

FADJIC, ROBERT D.

Street Address (P.O. Box Number is Not Acceptable)

3600 N.W. 82ND AVE

City

Miami

FL

Zip Code

33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/15/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--------------------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BARR, JAMES R | |
| STREET ADDRESS | 3600 NW 82ND AVE | |
| CITY-ST-ZIP | MIAMI, FL 33166 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BARR, JAMES R | |
| STREET ADDRESS | 3600 NW 82ND AVE | |
| CITY-ST-ZIP | MIAMI, FL 33166 | |
| TITLE | VTD | <input type="checkbox"/> Delete |
| NAME | SUSIK, W. DANIEL | |
| STREET ADDRESS | 3600 NW 82ND AVE | |
| CITY-ST-ZIP | MIAMI, FL 33166 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | HULL, DIANA H | |
| STREET ADDRESS | 3600 NW 82ND AVE | |
| CITY-ST-ZIP | MIAMI, FL 33166 | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | GARCIA, WILLIAM A | |
| STREET ADDRESS | 3600 NW 82ND AVE | |
| CITY-ST-ZIP | MIAMI, FL 33166 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BEILIN, DAVID M. | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William A. Garcia

**WILLIAM A. GARCIA
ASST. TREAS.**

2/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

P97000084194

11/2004

50030215

SURPLUS PROPERTY HOLDING CORP.

(Florida)

OFFICERS

| | |
|-------------------|----------------------------|
| JAMES R. BARR | PRESIDENT |
| W. DANIEL SUSIK | VICE PRESIDENT & TREASURER |
| DAVID M. BEILIN | SECRETARY |
| WILLIAM A. GARCIA | ASSISTANT TREASURER |

DIRECTORS

JAMES R. BARR
W. DANIEL SUSIK

Business Address:
3600 NW 82nd. Ave.
Miami, FI 33166