

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90039 023 \*\*\*150.00

**DOCUMENT # P97000084194**

1. Entity Name  
**SURPLUS PROPERTY HOLDING CORP.**



Principal Place of Business  
**11690 NW 105 ST  
MIAMI, FL 33178**

Mailing Address  
**11690 NW 105 ST  
MIAMI, FL 33178**

40040100



02072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0787172**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FATOVIC, ROBERT D.  
11690 NW 105 ST  
MIAMI, FL 33178**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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
NAME	BARR, JAMES R
STREET ADDRESS	11690 NW 105 ST
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VD
NAME	BARR, JAMES R
STREET ADDRESS	11690 NW 105 ST
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VTD
NAME	SUSIK, W. DANIEL
STREET ADDRESS	11690 NW 105 ST
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	S
NAME	BEILIN, DAVID M
STREET ADDRESS	11690 NW 105 ST
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	AT
NAME	GARCIA, WILLIAM A
STREET ADDRESS	11690 NW 105 ST
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William A. Garcia*  
**ASST. TREAS.**

*2-7-08*

ATTACHMENT  
40045763  
#P97000084194 1/1/08

**SURPLUS PROPERTY HOLDING CORP.**

(Florida)

**OFFICERS**

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

**DIRECTORS**

JAMES R. BARR  
W. DANIEL SUSIK  
ROBERT D. FATOVIC

Business Address:  
11690 NW 105 Street  
Miami, FL 33178