

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90016 013 \*\*\*150.00

DOCUMENT # P98000004655

1. Corporation Name  
AVENTURA HOLLYWOOD DESIGN CENTER, INC.



Principal Place of Business  
~~20424 N.E. 16TH PLACE~~  
NORTH MIAMI BEACH FL 33179

Mailing Address  
~~20424 N.E. 16TH PLACE~~  
NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1998

2. Principal Place of Business

21 1321 SOUTH 30 AVE

Suite, Apt. #, etc.

22 City & State

23 HOLLYWOOD FLORIDA

24 Zip 33020 25 USA

2a. Mailing Address

26 1321 SOUTH 30 AVENUE

Suite, Apt. #, etc.

27 City & State

28 HOLLYWOOD FLORIDA

29 Zip 33020 30 USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election: Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ No

9. Name and Address of Current Registered Agent

RUBIN, MARCI A  
1500 N.W. 62 STREET  
SUITE 404  
FT. LAUDERDALE FL 3309

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE PD  
NAME EISDORFER, SCOTT F  
STREET ADDRESS 3750 PIEDMONT STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE VPD  
NAME RUBIN, MARCI A  
STREET ADDRESS 9271 OAK GROVE CIRCLE  
CITY-ST-ZIP DAVIE FL 33328

TITLE STD  
NAME EISDORFER, CARL  
STREET ADDRESS 1110 LINDEN STREET  
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Scott F. Eisdorfer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-99 (954) 922-6300

CR2E034 (11/98)

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