

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90010 006 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000007253**

1. Corporation Name  
**GOLDHILL PROPERTY MANAGEMENT INC.**

Principal Place of Business 7000 WEST PALMETTO PARK ROAD SUITE 400 BOCA RATON FL 33433	Mailing Address 7000 WEST PALMETTO PARK ROAD SUITE 400 BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>17094 Collins Ave</b> Suite, Apt. #, etc. 22 <b>Suite 104</b> City & State 23 <b>Sunny Isles Beach</b> Zip 24 <b>33160</b>		2a. Mailing Address 26 <b>17094 Collins Ave</b> Suite, Apt. #, etc. 27 <b>Suite 104</b> City & State 28 <b>Sunny Isles Beach</b> Zip 29 <b>33160</b>		3. Date Incorporated or Qualified <b>01/23/1998</b>	
		4. FEI Number <b>65-0816610</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**GARELLEK, STEVEN**  
**7000 WEST PALMETTO PARK ROAD SUITE 400**  
**BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name **Stanley Lesniak**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**17094 Collins Ave**  
 83  
 84 City **Sunny Isles Beach FL** 85 Zip Code **33160**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0506, Florida Statutes.

SIGNATURE *by Stanley Lesniak* **president** **5/19/1999**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President, Secretary</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Stanley Lesniak</b>	1.2 NAME	
STREET ADDRESS	<b>17094 Collins Avenue, #104</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Sunny Isles Beach, FL 33160</b> <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 duties like empowered.

SIGNATURE: *by Stanley Lesniak* **RED**  
 Signature and typed or printed name of signing officer or director

**4/30/99**

Date

Daytime Phone #

**(305) 945-1050**

CR2E034 (1/98)