## 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

## DOCUMENT # **P98000021436**1. Corporation Name

ANCON PROPERTIES CORPORATION

Principal Place of Business	Mailing Address
3711 N OCEAN BLVD	3711 N OCEAN BLVD
FORT LAUDERDALE FL 33308	FORT LAUDERDALE FL 33308

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90060 023 \*\*\*150.00



Principal Place	of Business	Mailing Address			(0) (10) (10) (10)	
3711 N OCEAN BLVD FORT LAUDERDALE FL 33308  3711 N OCEAN BLVD FORT LAUDERDALE FL 33308			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 03/05/1998		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0820956	Not Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	Э	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip Co	untry	8. This corporation owes the current year		
24	25	29 30		Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent	<u> </u>	10. Name and Address of New Registers	d Agent	
DEAC	DI SAANI NICACE SAADIANI		81 Name	a aner John W		
PEARLMAN NEASE, MARIAN			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
5355 TOWN CENTER RD, STE 801				60 NW 3 Hoenne		
BOC	A RATON FL 33486		83			
			84 City D	Δ.	85 Zip Code	
			l'i Bo	ica Katon F	<b>L</b>   33431	
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	2 Norder	pres 3-2	-4-99	<u></u>		
	Signature, typed or printed name of registered agent		ed Agent signature required		<u> </u>	
12.	OFFICERS AND		<del></del>	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	_	MTLE		☐ Change ☐ Addition	
NAME	WAGNER, JOHN	1.21	VAME		\ 8	
STREET ADDRESS	3711 N OCEAN BLVD	1.3:	STREET ADDRESS		[	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP		Change Addition	
TITLE	D		TITLE		☐ Change ☐ Addition	
NAME	POLIDORO, WILLIAM		NAME			
STREET ADDRESS	3711 N OCEAN BLVD	2.3	STREET ADDRESS		}	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP		Change Addition	
TITLE	•		TITLE		C) Criange C) Addition	
NAME			NAME	•	1	
STREET ADDRESS		•	STREET ADDRESS			
CITY-ST-ZIP	<u></u>		CITY-ST-ZIP TITLE		Change Addition	
TITLE		_			C. Chiange C. Hashini	
NAME			NAME		}	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		Change Addition	
TITLE			NAME	-		
NAME			STREET ADDRESS			
STREET ADDRESS			CITY-ST-ZIP			
CITY-ST-ZIP			TITLE		Change Addition	
TITLE			NAME			
NAME		1	STREET ADDRESS			
STREET ADDRESS			CITY-ST-79P			

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:** 

Daytime Phone #