

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

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**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90037 049 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000021912

1. Corporation Name  
**ALF DEVELOPERS II, INC.**

Principal Place of Business: 2999 N.E. 191ST STREET #600 MIAMI FL 33180  
 Mailing Address: 2999 N.E. 191ST STREET #600 MIAMI FL 33180



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/09/1998**

2. Principal Place of Business: 1250 East Hallandale Beach Blvd, Suite 902, Hallandale FL 33009, USA  
 2a. Mailing Address: 1250 East Hallandale Beach Blvd, Suite 902, Hallandale FL 33009, USA

4. FEI Number: **05-0818485**  
 Applied For: Not Applicable

22. Suite, Apt. #, etc.: **Suite 902**  
 27. Suite, Apt. #, etc.: **Suite 902**

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

23. City & State: **Hallandale FL**  
 28. City & State: **Hallandale FL**

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

24. Zip: **33009** 25. Country: **USA** 29. Zip: **33009** 30. Country: **USA**

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

9. Name and Address of Current Registered Agent  
**MARBIN, EVAN R ESQ**  
**48 EAST FLAGLER STREET**  
**PH-104**  
**MIAMI FL 33131**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D, VP and S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TINSKY, LORRAINE</b>	1.2 NAME	<b>Tinsky, Lorraine</b>
STREET ADDRESS	<b>2999 N.E. 191ST STREET #600</b>	1.3 STREET ADDRESS	<b>1250 East Hallandale Beach Blvd, Suite 902</b>
CITY-ST-ZIP	<b>MIAMI FL 33180</b>	1.4 CITY-ST-ZIP	<b>Hallandale FL 33009</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>D, P and T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Tinsky, Dennis</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>1250 East Hallandale Beach Blvd, Suite 902</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Hallandale FL 33009</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
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	
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	
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	
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 in an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** DATE: **3/11/99** DAYTIME PHONE: **(954) 455-3005**

CR2E034 (1/198)