PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90031 022 ***150.00

•	1999 DIVISION OF CORPORATIONS]		
DOCUMENT # P98000022889 1. Corporation Name								
DAY PROPERTIES, INC.						10 1011 1981		
Principal Place	of Business	Mailing /	Address			- C INDITODI II D 1850) HOTIT EDITI GOLIT BOST OPTED HERD LIBOOLISIAN COL	18 18th (98)	
101 S ATLANTIC BLVD 101 S ATLANTIC BLVD								
FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
					03/11/1998			
Principal Place of Business Za. Mailing Add			ng Address			~- 00000Th	ed For	
21		26				\$8.75 Add	upplicable Hitional	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
22 27 City & State			City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Countr	у	8. This corporation owes the current year Intangible	No	
24	25	29	30	<u>) </u>		Personal Property Tax. Lives 12. 10. Name and Address of New Registered Agent	1140	
	9. Name and Address of Curren	t Kegisterea	Agent	8	Name -	ROBERT DAY		
ELKIN, STEVEN C					Ctront Addr	J. KOBERT ON		
110 SE 6TH STREET				6	Z Street Moule	t Address (P.O. Box Number is Not Acceptable) 2 NO ST.		
FORT LAUDERDALE FL 33301				8	3			
				8-	4 City	ORT LAUDERDALE FL 85 Zip CON	de	
					1 7 2	PRT LAUDERDALE FL 333	oistared	
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 of the corporation o								
agent, I ar	n familiar with, and accept the obligation	tions of, Secti	ion 607.0505, Florida	a Statute	8. ————————————————————————————————————	77.17 199	19	
SIGNATURE	Signature, typed or priviled pame of prointered agen	t and title if apple	bb. (NOTE: Re	gratered Ag	eus siduatrius lednyleq	(when reinstating)	<u>+ </u> @	
12.	OFFICERS AN		₹5	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Addition 7	
TITLE	PRESIDENT		☐ DELETE	1.1 TITLE		() Crawfle	7	
NAME	JAMES ROBER	J DA	47	1.2 NAME			8	
STREET ADDRESS	2113 NE 62	- 57,	23308	1.4 CITY-	ST-78P		200	
CITY-ST-ZIP	71. LAUVERDIA	-t-, 1 6	DELETE	2.1 TITLE		☐ Change	Addition	
NAME				22 NAME	:			
STREET ADDRESS				23 STRE	ET ADORESS	_		
CFTY-ST-ZIP				2.4 CITY		☐ Change	Addition	
TITLE			☐ DELETE	3.1 TITLE	1			
NAME				3.2 NAME	ET ADDRESS			
STREET ADDRESS				3.3 S RE				
CITY-ST-ZIP TITLE	***	-	DELETE	4.1 TITLE		Change	- Addition	
NAME				4. 2 NAM	E			
STREET ADDRESS				4.3 STRE	ET AODRESS	•	.	
CITY-ST-ZIP				4.4 CITY-		Change	Addition	
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME		_ ∨ souge		
NAME					ET ADDRESS	•		
STREET ADDRESS				5.4 CITY-	- 1	•		
CITY-ST-ZIP	<u></u>		DELETE	6.1 TITLE		Change	☐ Addition	
NAME				8.2 NAME	:			
STREET ADDRESS				63STRE	ET ADDRESS			
CITY-ST-ZIP				6.4 CITY-		Section 119.07(3Vi). Florida Statutes, I further certify that the info	mation	
		ın thin filina d	ione and autility for th	a avamir	vion crated in S	MICHON LIBUTIONIL PRINCE DIEMES. FUIDER CERTLY MEI DIC BIL	/1 * 1 PQ LI LOT 1	

I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes: I further certify that the filling 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:

