

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 29, 1999 8:00 am  
Secretary of State

04-29-1999 90167 030 \*\*\*150.00

DOCUMENT # P98000028652

1. Corporation Name

BANKATLANTIC VENTURE PARTNERS 8, INC.

Principal Place of Business  
1750 E SUNRISE BLVD  
FORT LAUDERDALE FL 33304

Mailing Address  
1750 E SUNRISE BLVD  
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1998

4. FEI Number

65-0830953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FURMAN, JACK A  
1750 E SUNRISE BLVD  
FORT LAUDERDALE FL 33304

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT + DIRECTOR	<input type="checkbox"/> DELETE
NAME	JOHN E. ABDO	
STREET ADDRESS	1750 E. SUNRISE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FLA., 33304	
TITLE	VICE-PRES. / TREAS.	<input type="checkbox"/> DELETE
NAME	GLEN GILBERT	
STREET ADDRESS	1750 E. SUNRISE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FLA., 33304	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	JARETT S. LEVAN	
STREET ADDRESS	1750 E. SUNRISE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FLA., 33304	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John E. Abdo	
1.3 STREET ADDRESS	1750 East Sunrise Boulevard	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33304	
2.1 TITLE	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Glen R. Gilbert	
2.3 STREET ADDRESS	1750 East Sunrise Boulevard	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33304	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jarett S. Levan	
3.3 STREET ADDRESS	1750 East Sunrise Boulevard	
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33304	
4.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Alan B. Levan	
4.3 STREET ADDRESS	1750 East Sunrise Boulevard	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33304	
5.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Frank J. Abdo	
5.3 STREET ADDRESS	1750 East Sunrise Boulevard	
5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33304	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JARETT S. LEVAN

2/08/99

Date

954-260-5465

Daytime Phone #

CR2E034 (1/98)