## 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 # **P98000038160**1. Corporation Name

SUBURBAN ACRES INC.

## **FILED** Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90032 005 \*\*\*150.00

0000110	AN AONEO INO.											
Principal Place	of Business	Mailing Addr	ess					i (Bairean an Iola) (Bill Adil) an	iëi <b>ab</b> ili <b>aalaa</b>	iliāt inini (in)s	Athli Ball IABI	
1110 S.W. 22 S	TREET	1110 S.W. 22	STREET				,			•		
MIAMI FL 3312		MIAMI FL 331					,		** IN TURA	00405		
							<u> </u>	DO NOT WRIT	IE IN THIS	SPACE		
								Date Incorporated or Qualifed				
		T = 11:00 A	44					04/27/1998 FEI Number			plied For	
<del>-</del> 1	lace of Business	2a. Mailing A	adress				4.	65-0832021		<u> </u>	t Applicable	
21	4	26 Suite Ap	t # etc			· ·· · · · ·	-	85 0052		\$8.75 A		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. 4	Certifcate of Status Desired			quired ======	=
City & State		27 City & St	ate					Election Campaign Financing		\$5.00		
<b>一 ´</b>	<del>.</del>	28	210				3	Trust Fund Contribution		Added to		
Zip	Country	Zip		Cou	ntrv	_		This corporation owes the curr	ent vear Inta			
24	25	29	Ī.	30	,	•		Personal Property Tax.	one your ne		□No	
24	9. Name and Address of Curre				$\Gamma$			Name and Address of New F	Registered .	Agent		
1	<u> </u>	-9			81	Name						
	AN, LAURENCE J				82	5: (1)	N /D	O. D N has in N. Adapasta	hla			
4675	PONCE DE LEON BLVD. #30	2				Street Ad	iaress (P.	dress (P.O. Box Number is Not Acceptable)				
COR	AL GABLES FL 33146				83							
					84	City			FL	85 Zip C	,00e	ĺ
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, F	lorida Statute	s, the al	pove	-named co	rporation	submits this statement for the	purpose of	changing its	registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such d	hande was au	thorized	1 bv 1	the comora	ation's boa	ard of directors. I hereby accep	ot the appoin	ntment as reg	jistered	
_	m tamiliar with, and accept the oblig	jations of, Section o	107.0303, F1011	ua otati	utos.							
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable.	(NOTE:	Registered	Ageni	t signature requ	ired when re	instating)	DATE		<del></del>	۽ ا
12.		ND DIRECTORS	<u>_</u>	13.			A	DDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	٤
TITLE	PD		DELETE	1,1 TI	TLE					Change	Addition 1	3
NAME	ROTFORT, LOUIS P			1.2 NA	ME							3
STREET ADDRESS	1110 S.W. 22 STREET			1.3 ST	REET	ADDRESS						{
CITY-ST-ZIP	MIAMI FL 33129			1.4 CI	TY-ST	-ZIP						6
TITLE	SD		DELETE	2.1 TI	TLE						☐ Addition	١,
NAME	ROHAN, LAURENCE J					ì				☐ Change		ĺ
STREET ADDRESS	4675 PONCE DE LEON BLVD			2.2 N	AME					☐ Change	_	l
CITY-ST-ZIP		). Suite 302		1		ADDRESS				Change		
TITLE	CORAL GARLES FL 33146	). Suite 302		2.3 ST	REET					Change		_
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	CORAL GABLES FL 33146		OELETE	2.3 ST 2. 4 C	TREET		*	<u> </u>		·		
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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.

Louis D. Kotfort

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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