

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 15, 1999 8:00 am  
Secretary of State

04-15-1999 90071 003 \*\*\*150.00

DOCUMENT # P98000040135

1. Corporation Name

MIAMI RIVER PARTNERS, INC.



Principal Place of Business

200 SOUTH PARK ROAD  
HOLLYWOOD FL 33021

Mailing Address

200 SOUTH PARK ROAD  
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

4. FEI Number

65-0832864

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

2. Principal Place of Business

21 BFC FINANCIAL

Suite, Apt. #, etc.

22

City & State

23 FORT LAUDERDALE, FL

Zip

24 33304

Country

25 USA

2a. Mailing Address

26 1750 E. SUNRISE BLVD

Suite, Apt. #, etc.

27

City & State

28 FORT LAUDERDALE, FL

Zip

29 33304

Country

30 USA

9. Name and Address of Current Registered Agent

STOTZER, THEODORE R  
200 SOUTH PARK ROAD  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81

Name

JOHN E. ABDO

82

Street Address (P.O. Box Number is Not Acceptable)

1350 NE 56 STREET

83

84

City

FORT LAUDERDALE

FL

85

Zip Code

33334

11. Pursuant to the provisions of Sections 607.0512 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)

JOHN E. ABDO

01/20/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PRESIDENT

JOHN E. ABDO

1350 NE 56 ST.

FORT LAUDERDALE, FL 33334

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

EXECUTIVE Vice President + Secy

GLEN R. GILBERT

1750 E. SUNRISE BLVD.

FORT LAUDERDALE, FL 33304

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

CHAIRMAN OF THE BOARD

ALAN B. LEVAN

1750 E. SUNRISE BLVD

FORT LAUDERDALE FL 33304

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

VICE PRESIDENT

FRANK J. ABDO

1350 NE 56 ST

FORT LAUDERDALE, FL 33334

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. ABDO, PRESIDENT 1/20/99 954/491-2191

Date

Daytime Phone #

CR2E034 (11/98)