

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Aug 25, 1999 8:00 am**  
**Secretary of State**

08-25-1999 90006 020 \*\*\*188.75

**DOCUMENT # P98000092128**

1. Corporation Name

**MENAKER INVESTMENTS IV, INC.**

Principal Place of Business

1502 E. BUENA VISTA DR., #B1  
LAKE BUENA VISTA FL 32830

Mailing Address

P.O. BOX 22189  
LAKE BUENA VISTA FL 32830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1998

4. FEI Number

59-3539452

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. ☐ Yes ☐ No

2. Principal Place of Business

21 **2815 DIRECTORS Row**

Suite, Apt. #, etc.

22 **STE 500**

City & State

23 **ORLANDO FL**

Zip

24 **32809**

Country

25 **USA**

2a. Mailing Address

Suite, Apt. #, etc.

27 **← SAME**

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**MENAKER, MITCHELL G**  
**1502 E. BUENA VISTA DR., #B1**  
**LAKE BUENA VISTA FL 32830**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MENAKER, MITCHELL G**  
STREET ADDRESS **1502 E. BUENA VISTA DR., #B1**  
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **2815 DIRECTORS Row STE 500.**  
1.4 CITY-ST-ZIP **ORLANDO, FL 32809**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

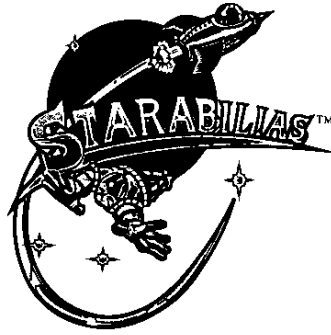
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

8-16-99

407 859-8489

CR2E034 (5/99)



P98000092128  
609426-90006-20

August 16, 1999

**Corporate Office**

2815 Directors Row

Suite 500

Orlando, FL 32809

tel 407.859.8489

fax 407.859.9015

★ ★ ★ ★

**Orlando**

**Ft. Lauderdale**

**Miami**

**Minneapolis**

Florida Department of State  
Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Menaker Investments IV, Inc. Doc. # M98000092128 FEI # 59-3539452

We have just received your "2nd and Final Notice for filing our "Profit Corporation Annual Report 1999" This document is the very first notice received regarding the filing requirement.

Please find the enclosed check for \$188.75 as full payment for the Annual Report (also enclosed).

Thank you in advance for your patience and understanding. We will be more aware of this issue next year and there will not therefore be a repeat of this problem.

Yours truly

Margaret Brian  
Office Manager

