

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90051 030 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P98000104547**

1. Corporation Name
FIFTEEN MULTIFAMILY ADVISORY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3100 N 29TH CT. FIRST FLOOR HOLLYWOOD FL 33020	Mailing Address 3100 N 29TH CT. FIRST FLOOR HOLLYWOOD FL 33020
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3. Date Incorporated or Qualified
12/17/1998

2. Principal Place of Business 21 763 COLLINS AVE Suite, Apt. #, etc. 22 SUITE 304 City & State 23 MIAMI BEACH, FL Zip 24 33139 Country 25 USA	2a. Mailing Address 26 763 COLLINS AVE Suite, Apt. #, etc. 27 SUITE 304 City & State 28 MIAMI BEACH, FL Zip 29 33139 Country 30 USA
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4. FEI Number
65-088 2778

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
SANDERS, IAN
 3100 N 29TH CT, FIRST FLOOR
 HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name IAN SANDERS
82 Street Address (P.O. Box Number is Not Acceptable) 763 COLLINS AVE
83 SUITE 304
84 City MIAMI BEACH FL 85 Zip Code 33139

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 *Ian Sanders* **IAN SANDERS** **2/20/99**
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	<input type="checkbox"/> DELETE
NAME SANDERS, MARK	
STREET ADDRESS 3100 N 29TH CT, FIRST FLOOR	
CITY-ST-ZIP HOLLYWOOD FL 33020	
TITLE D	<input type="checkbox"/> DELETE
NAME SANDERS, IAN	
STREET ADDRESS 3100 N 29TH CT, FIRST FLOOR	
CITY-ST-ZIP HOLLYWOOD FL 33020	
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME MARK SANDERS	
1.3 STREET ADDRESS 763 COLLINS AVE, SUITE 304	
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139	
2.1 TITLE DVS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME IAN SANDERS	
2.3 STREET ADDRESS 763 COLLINS AVE, SUITE 304	
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33139	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *IAN SANDERS* **IAN SANDERS** **2/20/99** **305-632-9513**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)