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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000106155

1. Corporati	ION Name NG PROPERTIES, INC.	100133						
Principal Place of Business Mailing Address						- chapteens we chieusgain seam seaks conflustons seus seaks seaks seus seus seus seus seus seus seus se		
7000 WEST PALMETTO PARK ROAD 7000 WEST PALMETTO PARK SUITE 400 SUITE 400 BOCA RATON FL 33433 BOCA RATON FL 33433			RK ROAD					
i	rt 33433	BOCA RATON FL 33433				DO NOT WRITE IN THIS SPACE		
ļ						3. Date Incorporated or Qualifed	-	
2. Principal Place of Business 2s. Mailing Address						12/23/1998		
21 26						4. FEI Number 65 - 0886366 Applied For Not Applied For	_	
Suite, Apl. #, etc.		Suite, Apt. #, etc.					2	
22		<u> </u>	27			5. Certificate of Status Desired S8.75 Additional Fee Required	1	
City & Ste	ite	City & State					\dashv	
23		28	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	-	
Zlp	Zlp Country Zip			intry		B. This corporation owes the current year Intangible	亅.	
24 25 29			30			Personal Property Tax.	Ţ.	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent	J	
GARI	ellek, steven	,		81	Name		7	
7000 WEST PALMETTO PARK ROAD				82	Street Addre	set Address (P.O. Box Number is Not Acceptable)		
SUITE 400				<u></u>			1	
BOCA RATON FL 33433			ļ	83		85 Zip Code		
				84	City			
#4 Dumment	to the				•			
office or r agent. I a	registered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statut of Florida, Such change was a tions of, Section 607.0505, Florida	ies, the at juthorized irida Statu	by these	usued corporation	ration submits this statement for the purpose of changing its registered n's board of directors. I hareby accept the appointment as registered	_	
SIGNATURE							1	
12.	Signature, typed or printed nume of registered agent and ville if applicable (NOTE: OFFICERS AND DIRECTORS			Registered Agent signature required			- é	
TITLE	Pres/Sec-Trea DELETE		_	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change		
NAME			1.2 NA			☐ cymrife ☐ vitilitic	1 -	
STREET ADDRESS	Edward Martenfeld 86 Guided Court #23, Etobicoke		1.3 STREET ADDRESS		Minores	•	§	
CITY-ST-ZIP					1		1 4	
TITLE	Ontario M9V 4K6 Canada DELETE		_	2.1 TITLE		☐ Change ☐ Addition	၂ ်	
HAME				2.2 NAME		· Character	Ί.	
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CITY-ST-ZIP			2.4 CIT		· · · I			
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NAME			3.2 NAME		-	The state of the s	(.	
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CITY-ST-ZIP				34. CITY-ST-ZIP				
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NAME)			4. 2 NAME _		}		1	
STREET ADDRESS			4.3 STRE	EFT A(DORESS			
CITY-ST-ZIP			4.4 CITY	-ST-Z	ue			
TITLE	☐ DELETE		5.1 T/TLE	5.1 TITLE		☐ Change ☐ Addition	1	
NAME			5.2 NAME	E	1	<u>_</u>	1	
STREET ADDRESS			5.3 STRE	ET AO	DORESS		ĺ	
CITY-ST-ZIP			5.4 GITY-		P		{	
TITLE		☐ DELETE	6.1 TITLE	_		☐ Change ☐ Addition	1	
NAME			6.2 NAME	E		-		
STREET ADDRESS			6.3 STRE	ETAD	DRESS		1	

14. I hereby certify that the information supplied with this filling 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 all attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Jan 29/19 813-523

FILED

Feb 20, 1999 8:00 am Secretary of State

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