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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 25 1997 8:00am

Secretary of State

561-395-1000

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S04911

(1)

VIA MIZNER PLAZA, INC.

SIGNATURE:

VIA MIZ	INEM PLAZA, INC.				
Principal Plac	on of Rusiness	Mailing Address			
Principal Place of Business  2300 CORPORATE BLVD., N.W.  #238  BOCA RATON FL 33431		2300 CORPORATE BLVI #238 BOCA RATON FL 33431			
				3. Date incorporated or Qualified 10/04/1990	3a, Date of Last Report 02/27/1996
2. Principal P	Place of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21		26	······································	65-0221067	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
<del></del>		<del></del>		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	<b>28</b> Z <sub>IP</sub>	Country	Trust Fund Contribution L	Added to Fees
24]	25	29	30	8. This corporation has liability for Inta	ringibile tax under s. 199.032, res No
24]	9. Name and Address of Cui		1901	10. Name and Address of New Regis	
RAI	LL, DENNIS M.		. 81 Name	P 11 1/1	
	S. FED HWY		00 00	solly Vannis /h	<del></del>
	E 100		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	CA RATON, 33432		83		
50.	ON 1011 OI1, 0010E				
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607,1508, Florida Stat	lutes, the above-named co	propration submits this statement for the purp	ose of changing its registered
office or r	registered agent, or both, in the St	tate of Florida. Such change wa	s authorized by the corpor	ration's board of directors. I hereby accept the	ne appointment as registered
	an tanillar with, and accept the of	Algations of, Socilon Co. Coug.	riorida statutes.	•	
SIGNATURE	Signature, typed or printed name of registerod	d agent and little ( applicable (N	OTE: Registered Agent signature rec	outred when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	SHUBIN, BILL		1.2 NAME		
STREET ADDRESS	2300 CORPORATE BLVD N	W	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TILE	VP	DELETE	2.1 TITLE		Change Addition
NAME	BOLL, DENNIS M.		2.2 NAME		
STREET ADDRESS	798 S FED HWY		2.3 STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		T.
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP					
TIILE	I		3.4. CITY-ST-ZIP		
NAME		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	<del> </del>	Change Addition
		☐ OELETE		+ <del></del>	☐ Change ☐ Addition
STREET ADDRESS		☐ OELETE	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP		DELETE	4.1 TITLE 4. 2 NAME		Change Addition
		☐ OELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		Change Addition
CITY - ST - ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		-
CITY-ST-ZIP TITLE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		-
CITY-ST-ZIP TITLE NAME			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		-
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		-
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIYLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition

14. I do 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 depanded, or on an attachment with an address.