

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S04911 (1)
1. Corporation Name
VIA MIZNER PLAZA, INC.

Principal Place of Business Mailing Address
2300 CORPORATE BLVD., N.W. 2300 CORPORATE BLVD., N.W.
#238 #238
BOCA RATON FL 33431 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/04/1990

4. FEI Number Applied For
65-0221067 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

BOLL, DENNIS M
798 S. FED HWY
STE 100
BOCA RATON, 33432

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|--|---|
| TITLE P <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SHUBIN, BILL | 1.2 NAME |
| STREET ADDRESS 2300 CORPORATE BLVD NW | 1.3 STREET ADDRESS |
| CITY-ST-ZIP BOCA RATON FL | 1.4 CITY-ST-ZIP |
| TITLE VP <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 3.2 NAME |
| STREET ADDRESS | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | 3.4 CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4.2 NAME |
| STREET ADDRESS | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | 4.4 CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 5.2 NAME |
| STREET ADDRESS | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | 5.4 CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 6.2 NAME |
| STREET ADDRESS | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | 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: Dennis M. Boll 4/8/98 561-395-1000

CR2E034 (10/97)