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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

**BALLANTINE PROPERTIES INC.** 

Mailing Address

LOEB. BLOCK & WACKSMAN

Principal Place of Business

LOEB. BLOCK & WACKSMAN

## **FILED** Apr 20 1998 8:00am Secretary of State



NEW YORK NY 10022		NEW YORK NY 10022			DO NOT WRITE IN THIS SPACE			
		THE TOTAL POPULATION OF THE PO		3. Date Incorporated or Qualified	1			
					11/30/1990			
	ace of Business FREEDMAN & BLOOM	2a. Mailing Address Loeb, Block	& Par	tners	4. FEI Number		plied For	
21	APO, FREEDMAN & BLOOM 26 DOED, Block & La.  Ant # Alc Suite Apt. #, etc.				65-0229951		t Applicable	
	OUTH BISCAYNE, STE. 47!	h	nue 9	th flo	5. Certificate of Status Desired	□ \$8.75 A		
City & State		City & State			6. Election Campaign Financing		·	
		28 New York, NY	•		Trust Fund Contribution	\$5.00	•	
Zip	FLORIDA Country	Zip	Country	,	8. This corporation owes or has			
33131	25	10022	0		Personal Property Tax due Jui		No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	tegistered Agent		
BLC	OM, LEONARD H.		81		TH FLORIDA RESIDENT A	CENTS INC		
1101 BRICKELL AVE.				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1400					rst Union Financial (			
MIA	MI FL 33156		83	Su.	ite 4750, 200 South E	3iscayne Boule	evard	
			84	City		<b> 85</b> Zip €	oge .	
					ami	<b>FL</b> 33.		
office or re	oistered an Int. or both, in the State of	of Florida. Such change was aut	horized by	the caroai	orporation submits this statement for the ration's board of directors. I hereby acc	<ul> <li>purpose of changing its cept the appointment as r</li> </ul>	registered registered	
agent. Lan	n familiar will i, and accept the obligat	ions of Section 607.0505, Florid	da Statules	3.		.,		
SIGNATURE	To pented name of registered agent	102 m	LE	ONARD	H. BLOOM, V/S	4/15/98		
12.	OFFICERS AND		13.	int signature rec	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 12	
TITLE	TDP	DELETE	1.1 TITLE	T		Change	Addition	
NAME	<b>\$ELZER, HERBERT M.</b>		1.2 NAME			·		
STREET ADDRESS	% 505 PARK AVE.		1.3 STREET	ADDRESS				
CITY-ST-ZIP	NEW YORK NY	· '	1.4 CITY - S	1				
TITLE	bvs	DELETE	21 TITLE	7	DVS	Change	Addition	
NAME	<b>BLOOM</b> , LEONARD		2.2 NAME		BLOOM, LEONARD H.	••		
STREET ADDRESS	1101 BRICKELL AVE., 1400		2.3 STREET		200 SOUTH BISCAYNE BL	VD. SUITE 475	i0	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - 9		MIAMI, FL 33131	10, 00212 475		
TITLE	Ţ	DELETE	3.1 TITLE			☐ Change	Addition	
NAME	BERKE, HOWARD		3.2 NAME					
STREET ADDRESS	C/O 505 PARL AVE., #900		3.3 STREET	ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10022		3.4. CITY - S	ST - ZIP			T-1 4 4 1911	
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADORESS		į	4.3 STREET					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TITLE	I · ZIP		Change	Addition	
NAME		— precie	5.1 INLE			C Ousuffe	- Addition	
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S					
TITLE		DELETE	6.1 TITLE	, 411		Change	Addition	
NAME		- <b>-</b>	6.2 NAME	}		_ ,-	-	
STREET ADDRESS			63 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S			•		
14. I hereby co	ertify that the information supplied will	this filing does not qualify for t	he exemp	tion stated	in Section 119.07(3)(i), Florida Statutes.	I further certify that the	nformation	
officer or d	o <b>n this</b> annual report or supplemental prector of the corporation or the receiver Block 13 if changed, or on an attact	zer or trusted empowered to exe	ate and the acute this i	et my signa report as re	ture shall have the same logal effect as equired by Chapter 607, Florida Statutes	s if made under oath; that s; and that my name app	ears in	