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 # S56054

(7)

LITCHFIELD PROPERTIES, INC.

FILED Jan 21 1998 8:00am Secretary of State



Principal Place	e of Business	S	Ma	iling Address				s 1881: nen san divid divis dilan divi didin sedi	
5948 S.W. 73	STREET			948 S.W. 73 STREET					
SUITE SOO	II EI 20140			SUITE 600				DO NOT WRITE IN THIS SPACE	
SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143								3. Date Incorporated or Qualified	
			•					05/30/1991	
2. Principal P	lace of Busin	ness	28.	Mailing Address				4. FEI Number Applied For	
21			26	-				65-0265480 Not Applicable	
Suite, Apt.				Suite, Apt. #, etc.				SR 75 Additional	
22 NO S	SUITE	#	27					5. Certificate of Status Desired Fee Required	
City & State	е		-	City & State				Election Campaign Financing \$5.00 May Be	
23			28		1 -			Trust Fund Contribution Added to Fees	
Zip	}	Country		Zip	Cour	ntry	/	8. This corporation owes or has paid the current year Intangible	
25 9. Name and Address of Curren				29 30				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
			HIL MOGIST	eren wäeur		81	Name	In usus tun wasses of use usalisted wast	
HOWE, CHRISTINA 5948 S.W. 73 STREET									
						82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
LITCHFIELD PROPERTIES INC. SOUTH MIAMI FL 33143						83	 		
50	THE MINN	FE 33193							
					Ī	84	City	FL 85 Zip Codo	
11. Pursuant	to the provisi	ons of Sections 607.05	02 and 60	7.1508 Florida Statu	tes the at	יימו	e-named co	orporation submits this statement for the purpose of changing its registered	
office or re	egistered ag	ent, or both , in the State th, and a ccept the oblig	e of Florid	 a. Such change was 	authorized	i by	y the corpo	oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE			,						
SIGNATURE	Signature, typed	or printed name of registered ag				Age	ent signaturo rec	equired when reinslating) DATE.	
12.		OFFICERS AN	ND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	OUDIOTINA		☐ DELETE	1.1 TiT		12	Change Addition	
NAME		CHRISTINA			1.2 NA		<i> </i>	HOWE, CHKISTINH	
STREET ADDRESS		CKELL AVE #906					ADDRESS	HOWE, CHRISTINA 7000 S.W. 113 TERRACE MIANI, FL. 33156	
CITY-ST-ZIP	MIAMI F	<u> </u>		T ociese	1.4 C/T		ST-ZIP	MIANI, FL, 35136	
TITLE				☐ DELETE 21 T				Change Addition	
NAME					2.2 NA				
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP				DELETE	2. 4 CI		ST-ZIP	Observation of the state of the	
TITLE				☐ DELETE	3.1 1(1			Change Addition	
NAME OTOSST (DODGO)					3.2 NA	-			
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP				DELETE	3.4. CI	*	ST - ZiP	Change Addition	
TITLE				☐ DETEIE	4.1 111			Change Addition	
NAME					4. 2 NA				
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP	 			DELETE	4.4 CIT		i I - ZIP	☐ Change ☐ Addition	
TITLE				וון טנננונ	5.1 TIT			C Plange Modition	
NAME OVERST ARRESTS					5.2 NAI				
STREET ADDRESS					1		ADDRESS		
CITY-ST-ZIP				DELETE	5.4 CIT		T-ZIP	[] Ab	
TITLE				☐ DELETE	6.1 TIT			☐ Change ☐ Addition	
NAME					6.2 NA				
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP					6.4 CIT	Y - S'	1-ZIP		

14. Thereby 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.

HAYING COLLEGE