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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S57033

(0)

MARKET PROPERTIES OF MIAMI, INC.

| Principal Place of Business | _ |
|-----------------------------|---|
| 17415 S. DIXIE HIGHWAY      |   |

Mailing Address

## **FILED** Jan 22 1998 8:00am Secretary of State



17415 S. DIXIE HIGHWAY MIAMI FL 33157-5434 MIAMI FL 33157-5434 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/31/1991</u> 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 65-0266372 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Yes Yes 30 Personai Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LUDOVICI, EDWARD P ESQ 17415 SOUTH DIXIE HWY Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157** 83

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

| 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 |                        |          |                     |  |   |  |  |
| 12.  | OFFICERS AND DIRECTORS |          | 13.                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | RS IN 12 60                             |  |  |
| TITLE  | D                      | ☐ DELETE | 1.1 TITLE           | ☐ Change                                   | Addition 2                              |  |  |
| NAME   | Ludovici, Philip F     |          | 1,2 NAME            |  |   |  |  |
| STREET ADDRESS   | 17415 S DIXIE HWY      |          | 1.3 STREET ADDRESS  |  | 8                                       |  |  |
| CITY-ST-ZIP  | MIAMI FL               |          | 1.4 CITY - ST - ZIP |  | C R C C C C C C C C C C C C C C C C C C |  |  |
| TITLE  | DS                     | DELETE   | 2.1 TITLE           | Change                                     | Addition O                              |  |  |
| NAME   | GETTINGER, DONNA       |          | 2.2 NAME            |  | İ                                       |  |  |
| STREET ADDRESS   | 14121 SW 97TH AVE      |          | 2.3 STREET ADDRESS  |  | ļ                                       |  |  |
| CITY-ST-ZIP  | MIAMI FL               |          | 2. 4 CITY-ST-ZIP    |  |   |  |  |
| TITLE  | DP                     | DELETE   | 3.1 TITLE           | Change                                     | Addition                                |  |  |
| NAME   | Ludovici, Edward P     |          | 3.2 NAME            |  | İ                                       |  |  |
| STREET ADDRESS   | 17415 S DIXIE HWY      |          | 3.3 STREET ADDRESS  |  |   |  |  |
| CITY - ST - ZIP  | MIAMI FL               |          | 3.4. CITY-ST-ZIP    |  |   |  |  |
| TITLE  |                        | ☐ DELETE | 4.1 TITLE           | Change                                     | Addition                                |  |  |
| NAME   |                        |          | 4. 2 NAME           |  |   |  |  |
| STREET ADDRESS   |                        |          | 4.3 STREET ADDRESS  |  |   |  |  |
| CITY-ST-ZIP  |                        |          | 4.4 CITY - ST - ZIP |  |   |  |  |
| TITLE  |                        | DELETE : | 5.1 TITLE           | Change                                     | Addition                                |  |  |
| NAME   |                        |          | 5.2 NAME            |  |   |  |  |
| STREET ADORESS   |                        |          | 5.3 STREET ADDRESS  |  |   |  |  |
| CITY - ST- ZIP   |                        |          | 5.4 CITY-ST-ZIP     |  |   |  |  |
| TITLE  |                        | ☐ DELETE | 6.1 TITLE           | ☐ Change                                   | Addition                                |  |  |
| NAME   |                        |          | 6.2 NAME            |  |   |  |  |
| STREET ADDRESS   |                        |          | 6.3 STREET ADDRESS  |  |   |  |  |

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 on an article ment with a sciences.

SIGNATURE:

Zip Code