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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 17 1997 8:00am Secretary of State

	1991						J	
ii corporatio	MENT # \$82790 EET ASSOCIATES, INC.	6	(1)					
Principal Place of Business Mailing Address						{	7.2. 8.3. 8.3. 8.3. 8.3.	
1111 KANE CONCOURSE, SUITE 400 BAY HARBOR ISLANDS FL 33154		SAKOWII 111 KAN	SAKOWITZ. ALAN 111 KANE CONCOURSE STE 401 BAY HARBOR ISLANDS FL 33154			3. Date Incorporated or Qualified 09/26/1991	3a. Date of Last R 04/25/1996	eporl
2. Principal Place of Business			2a. Mailing Address			4. FFI Number		plied For
21						65-0300616		t Applicable
Suite, Apt. #, etc.		h1	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & State			City & State			6. Election Campaign Financing	\$5.00	<u> </u>
23			28			Trust Fund Contribution	Added t	
Zip	Country Zip		Country		8. This corporation has liability for	intangible tax under s.	199.032,	
24	9. Name and Address of Curre	29		30		Florida Statutes 10. Name and Address of New Re	Yes No	
BAY	to the provisions of Sections 607.05 egistered agent, or both, in the Statm familiar with, and accept the obli	502 and 607.150 te of Florida. Su gations of, Sect			City -named corp the corporal	poration submits this statement for the plant is board of directors. I hereby accepted when registring)	FL 85 Zip (Code s registered registered
12.	 	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		S IN 12
TITLE	P		DELFTE	1.1 1ITLE			Change	Addition
NÁME	GREENBOIM, YEHESKEL							
STREET ADDRESS	1111 KANE CONCOURSE, SI				ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 3: D	3154	DELETE	1.4 CITY - ST	1-7IP		Change	Addition
TITLE NAME	GREENBOIM, ABRAHAM		DECEME	2.1 TITLE 2.2 NAME			L Change	L AUGILION 1
STREET ADDRESS	1111 KANE CONCOURSE ST		2.3 \$TREET	ADDRESS				
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	L 700	100		1-ZIP			
TITLE			DELFTE	3 1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			Į
CITY-ST-ZIP			□ 61/5±	3.4. CITY - S	T-ZIP	NATIONAL SECTION AND AND AND AND AND AND AND AND AND AN		
TITLE			DELETE	4.1 TITLE			Change	Addition
NAME STREET ADDRESS				4. 2 NAME 4.3 STREET	ADEIDEGG			
CITY-ST-ZIP				4.4 CHY-S1				
TITLE			DELETE	5.1 101LF			☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				53 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-\$1	- 7(P			
TITLE			DELFTE	61 TITLE			Change	Addition
NAME	•			62 NAME				
STREET ADDRESS				6.3 STREET				
CITY-ST-ZIP	ov certify that the information supplies	ad with this filin	a dans not aveid	64 DITY-SI		Lip Section 119 07(3Vi) Florida Statute	A further cortify that t	the

4. 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 is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corpogation or the receiver or truffee ompowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted. On an attachment with an address.