

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S99572

(7)

1. Corporation Name

GOLDLINE PROPERTIES NEW YORK, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:58**

Principal Place of Business

**1800 W COMMERCIAL BOULEVARD
FORT LAUDERDALE FL 33309**

Mailing Address

**1800 W COMMERCIAL BOULEVARD
FORT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/11/1991

3a. Date of Last Report
02/11/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State

City & State

23

28

Zip

Country

Zip

Country

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4. FEI Number
65-0323671

Applied For
Net Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PFENNIGER, RICHARD C., JR
8800 N.W. 36TH STREET
MIAMI FL 33178**

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 fee if applicable.

(NOTE: Registered Agent signature required when rotating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DSV

NAME

PFENNIGER, RICHARD C.

STREET ADDRESS

8800 N.W. 36TH STREET

CITY - ST - ZIP

MIAMI FL

TITLE

DP

NAME

SCHRECK, WILLIAM

STREET ADDRESS

18900 WEST COMMERCIAL BLVD.

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

D

NAME

BRODY, LAWRENCE

STREET ADDRESS

8000 N.W. 36TH STREET

CITY - ST - ZIP

MIAMI FL

TITLE

T

NAME

ZINZI, ANDREW

STREET ADDRESS

8800 N.W. 36TH STREET

CITY - ST - ZIP

MIAMI FL

TITLE

AS

NAME

TABERNILLA, ARMANDO

STREET ADDRESS

8800 NW 36TH STREET

CITY - ST - ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D/P

☒ Change ☐ Addition

1.2 NAME

Pfenniger, Richard C.

1.3 STREET ADDRESS

8800 N.W. 36 Street

1.4 CITY - ST - ZIP

Miami, FL 33178

2.1 TITLE

D/S

☒ Change ☐ Addition

2.2 NAME

Tabernilla, Armando A.

2.3 STREET ADDRESS

8800 N.W. 36 Street

2.4 CITY - ST - ZIP

Miami, FL 33178

3.1 TITLE

AS

☐ Change ☒ Addition

3.2 NAME

Rubin, Dora B.

3.3 STREET ADDRESS

8800 N.W. 36 Street, Miami, FL 33178

3.4 CITY - ST - ZIP

4.1 TITLE

T

☐ Change ☐ Addition

4.2 NAME

Zinzi, Andrew

4.3 STREET ADDRESS

8800 N.W. 36 Street

4.4 CITY - ST - ZIP

Miami, FL 33178

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Dora B. Rubin

**Dora B. Rubin,
Asst. Secretary**

1/19/95

305-590-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number