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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V06470**

1. Corporation Name

COREN PROPERTIES, INC.

Mailing Address
225 DYER ROAD WEST PALM BEACH FL 33405

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90298 030 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/14/1992 4. FEI Number Applied For Not Applicable 26 65-0325190 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 Election Campaign Financing City & State City & State **\$5.00**-May Be -Added to Fees Trust Fund Contribution 23 28 Country Country Zip This corporation owes the current year Intangible Zip Yes □No 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent COREN, BRUCE ROBERT Street Address (P.O. Box Number is Not Acceptable) 225 DYER ROAD WEST PALM BEACH FL 33405 83 Zip Code 84 City 85 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 families with, and agent the objections of, Section 607.0505/Florida Statutes.

SIGNATURE ed agent and title if applic ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13 □ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE **COREN. HARRIET SILOW** 1.2 NAME NAME 4 HARVEY LANE 1.3 STREET ADDRESS STREET ADDRESS **NEWTOWN SQUARE PA** 1.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE COREN, BRUCE ROBERT 22 NAME NAME 225 DYER ROAD 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change DELETE ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 61TIDE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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, or on an attachment with address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)