Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90158 016 ***300.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V31924

1. Corporation FFC PRC	PERTIES, INC.										
Principal Place	of Business	Mailing Address	Mailing Address				r famil bungen itrat sinen implib ili			**************************************	
4040 SHERIDAN STREET HOLLYWOOD FL 33021		2501 HOLLYWOOD BLVD. SUITE 220 HOLLYWOOD FL 33020			-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/28/1992					
2 Principal Pla	ace of Business	2a. Mailing Address				- 	4. FEI Number Applied F			plied For	1
21		26				65-0327106			Not Applicable]
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Addition			-
City & State		City & State					6. Election Campaign Financing S5.00 Ma Trust Fund Contribution Added to F]
Zip Country		Zip Cour				8. This corporation owes the current year Intangible Personal Property Tax.			□No		
24	25 A Name and Address of Current	ddraes of Current Paristered Agent					10. Name and Address of New F				1
9. Name and Address of Current Registered Agent					Name				-		7
SCHWARTZ, JOSEPH L. 4040 SHERIDAN STREET				82	Street A	Street Address (P.O. Box Number is Not Acceptable)					-
HOL	LYWOOD FL 33021										7
			84	City		FL 85 Zip Code				۱.	
l	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	2 and 607.1508, Florida Statu of Florida. Such change was ions of, Section 607.0505, Fl	ites, the a authorized orida Stat	bove d by utes.	e-named co the corpor	corpora oration's	ation submits this statement for the s board of directors. I hereby accep	purpose of c ot the appoint	hanging its ment as re	registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent	t and trie if applicable. (NOT	ΓE: Registered	Agen	t signature req	equired w	hen reinstating)	DATE			-] ;
12.	OFFICERS ANI		13.				ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO Change	ORS IN 12 ☐ Addition	.] :
IMLE	SD DELETE			1.1 TITLE					Change	☐ Addition	Ή.
NAME	SREBRENIK, BURT			1.2 NAME							8
STREET ADDRESS				1.3 STREET ADDRESS					,		
CITY-ST-ZIP				1.4 CITY-ST-ZIP					□ Change	Addition	, {
TITLE	ALD _										
NAME	SREBRENIK, PAM S										-
SINCE PODICES 2001 HOLD HODD DETO-HOLD DETO-HOLD				2.3 STREET ADDRESS					. ح		
-CITY-ST-ZIP	HOLLYWOOD FL 33020			2. 4 CITY-ST-ZIP					Change	Addition	n
TITLE									_ •	_	1
NAME				3.2 NAME							
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CITY-ST-ZIP		☐ DELETE			T-ZIP	<u> </u>			[] Change	Addition	<u>_</u>
TITLE		L) DELETE	4.1 T						<u></u>	_	
NAME 4.2 N											Ì
-					TADDRESS						
CITY-ST-ZIP		□ DELETE	_	ΠΥ-\$	T-ZIP	<u> </u>			□ Chance	- Addition	Η,
TITLE			5.1 T 5.2 N								
NAME					TADDRESS						
I STREET ANNAESS!			2.00								- 1

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 an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

IRE REQUIRED SPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

Addition