PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V51103

MAGNOLIA COURT CORPORATION

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

04-29-1999 90027 036 ***150.00



						— 1.	BIDRO MARINAL BATIRA RRIBAR RRIBAR B					
Principal Place of Business			Mailing Address					•••••				
2871 FAIRGREEN DRIVE			2871 FAIRGREEN DRIVE									
MIAMI BEACH FL 33137			MIAMI BEACH FL 33137			DO NOT WRITE IN THIS SPACE						
US			υs			Date Incorporated or Qualifed						
								•	•			
		2a Moiling Addrose			07/16/1992 4. FEI Number				TADE	lied For		
2. Principal Place of Business 21 120 NE 39 Street			2a. Mailing Address 40th Street						-	$\rightarrow - \cdot \cdot$	Applicable	
						05-05-44425			¢ Ω			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired				\$8.75 Additional Fee Required		
22 City & Sheke			City & State	2 State			6. Election Campaign Financing				\$5.00 May Be	
City & State			─ • • • • • • • • • • • • • • • • • • •	Miami FL				า Campaign Financing und Contribution			dded to	
Zip Courtry,				Zip Country				rporation owes the cur	ront year in			1000
33/37	, , , , ,	ζ.4-	<u> </u>	30 (ΪŚ	A	1	al Property Tax.	Tent year in	⊠ Ye		□No
24 - 1 /	9. Name and Addr	O//	120 277	<u> 30 </u>	<u>ب 1</u>	<i>, , ,</i>		and Address of New	Registered			-
	5. Name and Add	ess or current	registered Agent		81	Name						
KIFI	N, MAC		ļ									
	FAIRGREEN DRIVE		82 Street Ac			tress (P.O. Box	Number is Not Accept	table)				
SUITE 901					83	<u>-</u>						
	AI BEACH FL 33130	1										
1000	III DENOM LE GO 100	•]	84	City				85	Zip C	nde
								- this statement for th		- Lebana	ing ite i	agistered
office cra	egistered agent, or boil	h, in the State ci	and 607.1508, Florida Stat Florida. Such change was ons of, Section 607.0505, F	authorized	by t	the corporati	ion's board of c	irectors. I hereby acce	ept the appo	intment	as reg	stered
SIGNATURE								<u></u>				
	Signature, typed or printed na			signature requir		NS/CHANGES TO O	DATE	UD DID	ECTO	C IN 12		
12.		OFFICERS AND		13.	13.		ADDITIC	NS/CHANGES TO U	FFICERS A			Addition
TITLE	D		☐ DELETE	1.1 711	LE						ange	
NAME	KLEIN, MAC			1.2 NA	ME							1
STREET ADDRE 3S	2871 FAIRGREEN DRIVE			13 STREET ADDRE		ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CF		-ZIP						- Addition
TITLE	D		☐ DELETE	2.1 TIT	LE					☐ Ch	lange	☐ Addition
NAME	KLEIN, MARY		2.2		2.2 NAME							
STREET ADDRE IS	2871 FAIRGREEN DRIVE		2.3 \$		2.3 STREET ADDRESS				,			Ì
CITY-ST-ZIP	MIAMI BEACH FL			2. 4 CI	TY-ST	r-ZIP						
TITLE			☐ DELETE	3.1 Ti1	ΓLE	1		÷		☐ Ch	ange	Addition
NAME				3.2 NA	ME							
STREET ADDRE'S				3.3 ST	REET	ADDRESS						1
CITY-ST-ZIP				3.4. CI	ITY-ST	r-ziP						i
TITLE			☐ DELETE	4 1 TR	RΕ					□ Ct	iange	☐ Addition
NAME				4,2 N	AME	ĺ						
STREET ADDRESS				4.3 ST	REET	ADDRESS						
CITY-ST-ZIP				4.4 CI	TY-ST	- ZIP						
TITLE	· · · · · · · · · · · · · · · · · · ·		☐ DELETE	5.1 TIT	TLE					□ CI	nange	Addition
NAME				5.2 NA	ME							
STREET ADDRESS				5.3 ST	REET	ADDRESS						,
CITY-ST-ZIP				5.4 CI	Y-ST	-ZIP						
TITLE		_	☐ DELETE	6.1 Π	LΕ					CI	nange	Addition
NAME			-	6.2 NA	ME							
				6.3 87	REET	ADDRESS						
STREET ADDRESS					L							

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 receivant or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or florida Statutes. officer (if director of the corporation of the receiver or trustee empowered to execute til Block 12 or Block 13 if changed, or on an attachment with an address, with a lother life

SIGNATURE: