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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # 669173 (7)

AMERIPROPERTIES, INC.

**FILED** Apr 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 345 ALMERIA AVENUE **CORAL GABLES FL 33134** CORAL GABLES FL 33114-3748 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/06/1980 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-1994804 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6, Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPIEGEL, LAWRENCE J. P. 345 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 Zip Code City 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 Signiture, typed or printed name of registered againt and title if applicable d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change Addition 1.1 TITLE TITLE SPIEGEL, LAWRENCE J 1.2 NAME 345 ALMERIA AVENUE 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE SPIEGEL, LAWRENCE J 22 NAME NAME 345 ALMERIA AVENUE 2.3 STREET ADDRESS STREET ADORESS **CORAL GABLES FL 33134** 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 43 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 14. I hereby certify that the information supplied

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an energyword to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supp officer or director of the corporation or Block 12 or Block 13 if changed, or on

CIGNATURE:

LAWRENCE J. SPIEGEL 4-17-98