

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:15

DOCUMENT # **F53078** (4)

1. Corporation Name
PROVIDENT REALTY, INC.

Principal Place of Business Mailing Address
3882 SHERIDAN STREET 3882 SHERIDAN STREET
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-------------|------------------------------------|-------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/04/1981 | 3a. Date of Last Report 02/22/1994 |
| 21 | 26 | 4. FFI Number 59-2149275 | | Applied For Not Applicable | |
| 22. State, Apt. #, etc. | | 27. State, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MURPHY, JOHN 4600 SHERIDAN STREET, STE 401 HOLLYWOOD FL 33021 | | | | 01 | Name | | |
| | | | | 02 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 03 | | | |
| | | | | 04 | City | FL | 05 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation admits the 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 the registered office Signature typed or printed name of registered agent and the registered office (04)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|--|---|
| TITLE | P | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COMPAGNONE, ANTHONY | 1.2 NAME | |
| STREET ADDRESS | 3882 SHERIDAN STREET | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | HOLLYWOOD FL | 1.4 CITY - ST - ZIP | |
| TITLE | ST | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HILL, DOROTHY, M. | 2.2 NAME | |
| STREET ADDRESS | 3882 SHERIDAN STREET | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | HOLLYWOOD FL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this renewal report or supplemental annual report is true and in a state and that my signature shall cover the same report office, if made under oath, that I am an officer or director of the corporation or the recipient or burden empowered to receive this report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Anthony Compagnone*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANTHONY COMPAGNONE, PRESIDENT
 1-13-95 305-983-2111
Date Telephone Number