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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT # P96000073500 (6)

THE PRUDENTIAL FLORIDA PROPERTIES. INC.

Principal Place of Business Mailing Address 6175 BAYVIEW DRIVE 6175 BAYVIEW DRIVE FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308-2231 3. Date Incorporated or Qualified 3a. Date of Last Report 08/30/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable <u> 59--1565396</u> Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Zip Country Country This corporation has liability for intangible tax under s. 199.032. ☐ Yes ☐ No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHEROF, JAMES A 3099 E COMMERCIAL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33308 83 84 City 85 Zip Code 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 Signature, typical or printed name of registerou agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE Change Addition THILE LATZ, GORDON NAME 1.2 NAME 6175 BAYVIEW DRIVE STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33308 1.4 CITY-ST-ZIP CITY-ST-ZIP Change THIE ☐ DELÉTE 2.1 TITLE ☐ Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE THILE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS SURFEE ADDRESS 5.4 CITY-ST-ZIP CITY-S1-7IP ☐ Change DELETE Addition Tille 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - S1 - ZIP 6.4 CHTY-ST-ZIP 14. I do 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 porporation 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 or changed, or on an attackment with an address.

OD PRINTED NAME OF BIONING OFFICER OR DIRECTOR

March 13,1997 (954)491-3100

FILED

Apr 11 1997 8:00am

Secretary of State

(96/6) CR2E034