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May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S16959 (6)

1. Corporation Name  
INTER-PRO HOLDINGS, INC.

Principal Place of Business  
2205 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

Mailing Address  
2205 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020-8707



3. Date Incorporated or Qualified 12/07/1990  
3a. Date of Last Report 07/28/1996

|   |                        |  |                                |
|---|------------------------|--|--------------------------------|
| 2. Principal Place of Business                  | 2a. Mailing Address    | 4. FEI Number  | Applied For                    |
| 21 Suite, Apt. #, etc.                          | 26 Suite, Apt. #, etc. | 65-0242664   | Not Applicable                 |
| 22 City & State                                 | 27 City & State        | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required |
| 23 Zip  | 28 Country             | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees    |
| 24  | 25                     | 29   | 30                             |
| 9. Name and Address of Current Registered Agent |                        | 10. Name and Address of New Registered Agent           |                                |

INTER PRO REALTY  
2205 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33020-3707

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| FL 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------|---|--|
| TITLE                      | PD GRAUDREAU, REAL        | 1.1 TITLE   |  |
| NAME                       | 100 BAYVIEW DR. APT. 1928 | 1.2 NAME  |  |
| STREET ADDRESS             | N. MIAMI BEACH FL         | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                           | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | PD LANGBAUM, MADELINE     | 2.1 TITLE   |  |
| NAME                       | 2515 NE 208TH TERRACE     | 2.2 NAME  |  |
| STREET ADDRESS             | N. MIAMI BEACH FL         | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                           | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | V FERRERO, BRUNO          | 3.1 TITLE   |  |
| NAME                       | 18900 NE 21ST STREET      | 3.2 NAME  |  |
| STREET ADDRESS             | N. MIAMI BEACH FL         | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                           | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      | S OUELLETTE, JOHN         | 4.1 TITLE   |  |
| NAME                       | 1529 CLEVELAND ST         | 4.2 NAME  |  |
| STREET ADDRESS             | HOLLYWOOD FL              | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                           | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                           | 5.1 TITLE   |  |
| NAME                       |                           | 5.2 NAME  |  |
| STREET ADDRESS             |                           | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                           | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                           | 6.1 TITLE   |  |
| 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 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.

SIGNATURE: *Madeline Langbaum* 4/24/97 954-9235405  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)