

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V52296** (3)

1. Corporation Name  
**4515 PROPERTIES, INC.**



Principal Place of Business Mailing Address  
~~G/O WERNER-KRAUSE SIEMENS PRINTING SYSTEMS~~ ~~WERNER-KRAUSE SIEMENS PRINTING SYSTEM\*~~  
4515 S. OCEAN BLVD. 4515 S. OCEAN BLVD  
HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487  
US US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **07/20/1992** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0357585** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**ARCAINI, TONIO**  
**4515 S. OCEAN BLVD**  
**HIGHLAND BEACH FL 33487**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and street address (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS  
NAME: **P ARCAINI, TONIO**  DELETE  
STREET ADDRESS: **4515 S OCEAN BLVD**  
CITY - ST - ZIP: **HIGHLAND BEACH FL**  
TITLE:  DELETE  
NAME:  DELETE  
STREET ADDRESS:  DELETE  
CITY - ST - ZIP:  DELETE  
TITLE:  DELETE  
NAME:  DELETE  
STREET ADDRESS:  DELETE  
CITY - ST - ZIP:  DELETE  
TITLE:  DELETE  
NAME:  DELETE  
STREET ADDRESS:  DELETE  
CITY - ST - ZIP:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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(3)(k), 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96 (407) 279 0076  
Date Daytime Phone #

CR2E034 (12/95)