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Apr 21 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 # V16397

(4)

1. Corporation Name

FELT PROPERTIES, INC.



Principal Place of Business

520 NW 165TH ST RD  
SUITE 201  
MIAMI FL 33169

Mailing Address

520 NW 165TH ST RD  
SUITE 201  
MIAMI FL 33169-6303

3. Date Incorporated or Qualified  
02/21/1992

3a. Date of Last Report  
04/23/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0314786

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANZELAS, PAUL  
520 NW 165TH ST RD  
SUITE 201  
MIAMI FL 33169

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 of the person providing the registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME FRANZELAS, PAUL  
STREET ADDRESS 520 NW 165TH ST RD #201  
CITY-ST-ZIP MIAMI FL

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME THOMPkins, RONALD  
STREET ADDRESS 520 NW 165TH ST RD  
CITY-ST-ZIP MIAMI FL

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME EINBINDER, MARC  
STREET ADDRESS 520 NW 165TH ST RD #102  
CITY-ST-ZIP MIAMI FL

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LOCKE, GEORGE  
STREET ADDRESS 500 NW 165TH ST RD  
CITY-ST-ZIP MIAMI FL

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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, unchanged, or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0230221

02/24 (9/96)