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Jan 30 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 # 330509

(1)

1. Corporation Name:
BISHOP PROPERTIES INC

Principal Place of Business
2701 E. SUNRISE BLVD. #109
FT LAUDERDALE FL 33304

Mailing Address
2701 E. SUNRISE BLVD. #109
FT LAUDERDALE FL 33304-3201



| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 05/24/1968 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-1263551 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

BISHOP, ROBERT J.
2701 E. SUNRISE BLVD., #109
FORT LAUDERDALE FL 33304

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD BISHOP, ROBERT J. <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BISHOP, ROBERT J | 1.2 NAME | WILLADEAN M. BISHOP |
| STREET ADDRESS | 2701 E SUNRISE BLVD #109 | 1.3 STREET ADDRESS | 4771 N.E. 28th Avenue |
| CITY - ST - ZIP | FORT LAUDERDALE FL 33304 | 1.4 CITY - ST - ZIP | Fort Lauderdale, FL 33308 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | VD BISHOP, HAROLD C <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | |
| NAME | BISHOP, HAROLD C | 2.2 NAME | |
| STREET ADDRESS | 1300 MAIN STREET | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | HOUSTON TX | 2.4 CITY - ST - ZIP | |
| TITLE | STD BISHOP, SHARON F. <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BISHOP, SHARON F. | 3.2 NAME | |
| STREET ADDRESS | 2119 N.E. 11TH AVENUE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | WILTON MANORS FL | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/97

954.566-7681

CR2E034 (9/96)