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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 386319

PRUDENT PROPERTY MANAGERS, INC.

Mailing Address 2301 COLLINS AVE SUITE M-14 2301 COLLINS AVE SUITE M-14

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90017 008 ***150.00



| | L 33139 | MIAMI BEACH FL 33139 | | | , , | 3. Date Incorporated or Qualifed 08/03/1971 4. FEI Number 59-1399710 Applied For Not Applicable | | | |
|---|---|-----------------------------------|---|---|---------------------------|---|--|--|--|
| | | | | | 3. Date Incorporate | d or Qualifed | | | " |
| | | | | | 08/03/1971 | | | | |
| <u>.</u> | f Business | 2a. Mailing Address | · | | | | | App | lied For |
| z. Principal Pla | ce of Business | <u> </u> | | | 59-1399710 | | | Not | Applicable |
| 1 | | Suite, Apt. #, etc. | | | | | | \$8.75 Ac | iditional |
| Suite, Apt. # | e, etc. | | | | 5. Certifcate of Stat | tus Desired | | Fee Req | uired |
| 2 | | City & State | | | 6. Election Campai | ion Financing | | \$5.00 A | May Be |
| City & State | . • | ⊢ , ′ | | | Trust Fund Cont | - | | Added to | * |
| 3 | | 28 | Country | | 8. This corporation | | nt vear intan | aible | |
| Zip | Country | Zip | - · · | | Personal Proper | | | JYes [| ⊒No Ì |
| 4 | 25 | 29 30 | | | 10. Name and Add | | aistered Ac | ent | |
| | 9. Name and Address of Current | Registered Agent | 81 | Name | TO: Hallie alle Add | 1000 01 11011 111 | <u> </u> | , | |
| | TODALIDE ANEODO | | 61 | Name | | | | | |
| | EBRANDT, SANFORD | pr. | 82 | Street Addr | ess (P.O. Box Number | is Not Acceptab | ile) | | |
| | COLLINS AVE, STE M14 | · V . · | <u> </u> | L | | <u> </u> | 6 24 21 24 SAME | | a a tillion |
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| ~ | | | <u>-</u> - | City | | 54 2 37 257 5 24 37 4 5 5 5 5 5 | 1 .4 . 645 s. \$497 4 . 5 . 6 . 7 . 464 | 85 Zip C | ode |
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| CICNATURE | n familiar with, and accept the obligation | | | | ed when reinstating) // / | | DATE | | |
| | | | | et riceahea require | | | | | 2C IN 12 |
| | Signature, typed or printed name of registered agent | | | nt signature require | ADDITIONS/CHA | NGES TO OFF | ICERS AND | DIRECTO | 13 IIV 12 |
| 12. | OFFICERS AND | DIRECTORS | 13. | nt signature require | ADDITIONS/CHA | NGES TO OFF | | DIRECTOR | Addition |
| 12. | OFFICERS AND | | 13. 1.1 πτLE | nt signature require | ADDITIONS/CHA | ANGES TO OFF | | | |
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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 nar Block 12 or Block 13 if changed, or on an attachment with an address. With all other like empowered.