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

PROFIT COMPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

(8)

PROPERTY RESOURCES CORPORATION

PROPERTY RESOURCES CURPORATION									
Principal Place o	f Business	Mailing Address			f 460500 milb 48314 tillig melan green	1611 A1211 A1211 A121		: -: -: -: -: -: -: -: -: -: -: -: -:	
125 BRAZILIAN AVENUE P O DRAWER 3120 PALM BEACH FL 33480		125 Brazilian avenue P o drawer 3120 Palm Beach Fl 33480		Date Incorporated or Qualified	3a. Date of	ast Ren	ort		
		CARRIE MELLALI CE CELLAR			08/30/1971	03/20/1995			
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-1372931	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	(D) \$	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution	<u> </u>	Added t		
Zip	Country	Ziρ	Cou	ntry	8. This corporation has liability for	intangible tax u No	nders 1	99.032,	
24	25	29	30		Florida Statutes		ent		
	9. Name and Address of Currer	nt Registered Agent		81 Name					
BAGBY, JOSEPH R					dress (P.O. Box Number is Not Acceptat	ole)			
	ZILIAN AVENUE			83					
PALM BE	ACH FL 33480			-			85 Zip	Code	
				84 City		FL I			
or registere familiar with	ed agent, or both, in the State of Fiol h, and accept the obligations of, Sec	ction 607.0505, Florida Stat	utes.		oration submits this statement for the pu pard of directors. I hereby accept the app	ointment as rec	gistered a	agent, I am	
SIGNATURE _	Signature typed or printed name of registered agei		(NOTE Registere:	Agent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFF		RECTOF	S IN 12	
12.		ND DIRECTORS DELETE	1.1	TITLE			Change	Addition	
TITLE	P PAGEN IOSERA D		1.2 N						
NAME	BAGBY, JOSEPH R			TREET ADDRESS					
STREET ADDRESS	125 BRAZILIAN AVE PALM BEACH, FL 33480			HTY-ST-ZIP					
CITY-ST-ZIP TITLE	e PALM BEACH, TE 33400	DELETE		IITLE			Change	☐ Addition	
ł.	BAGBY, MARTHA G		221	IAME					
NAME STREET ADDRESS	125 BRAZILIAN AVE		2.3 5	STREET ADORESS					
CITY-ST-ZIP	PALM BEACH, FL 33480		241	CITY-ST-ZIP			<u> </u>	CT 42450	
TITLE	TACIN OBTOTIST 2 33 TO	DELETE	3 1	TITLE		نا	Change	Addition	
NAME			321	NAME					
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THILE		☐ DELETE	4 1	TITLE			Origings	LI Modition	
NAME				NAME					
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NAME				NAME					
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Criy - ST - ZIP				CITY - ST - ZIP			Change	Addition	
TITLE	·	DELETE		TITLE			. •	_	
NAME				NAME					
OTOTET ADODESC	1		6.3	STREET ADDRESS					

64 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 certify that I are 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE

R RAGBY, PREMENTS 28/96 407-655-9510