

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **511799** (9)
1. Corporation Name:
FLAPROP, INC.



Principal Place of Business: **5410 26TH STREET WEST
BRADENTON FL 34207**
Mailing Address: **5410 26TH STREET WEST
BRADENTON FL 34207**

3. Date Incorporated or Qualified: **09/01/1976**
3a. Date of Last Report: **01/25/1995**
4. FEI Number: **59-1699052**
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

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. Zip:
24. Country: 25. Country: 29. Country: 30. Country:

9. Name and Address of Current Registered Agent

**POOL, J. ROBERT
HYNTON AND POOL, CPA'S
5410 26TH STREET WEST
BRADENTON FL 34207**

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. State: **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 filing this report (must be typed or printed name)

Signature of the Registered Agent (must be typed or printed name)

DATE:

12. OFFICERS AND DIRECTORS

1. TITLE: **PD** ☐ DELETE
2. NAME: **SUSSMAN, J.B.**
3. STREET ADDRESS: **5410 26TH ST W**
4. CITY-STATE-ZIP: **BRADENTON FL**
5. TITLE: **VD** ☐ DELETE
6. NAME: **SUSSMAN, IRVING P.**
7. STREET ADDRESS: **5410 26TH ST W**
8. CITY-STATE-ZIP: **BRADENTON FL**
9. TITLE: **SD** ☐ DELETE
10. NAME: **ZELIKOVITZ, WENDY LEE**
11. STREET ADDRESS: **5410 26TH ST W**
12. CITY-STATE-ZIP: **BRADENTON FL**
13. TITLE: ☐ DELETE
14. NAME:
15. STREET ADDRESS:
16. CITY-STATE-ZIP:
17. TITLE: ☐ DELETE
18. NAME:
19. STREET ADDRESS:
20. CITY-STATE-ZIP:
21. TITLE: ☐ DELETE
22. NAME:
23. STREET ADDRESS:
24. CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: ☐ Change ☐ Addition
2. NAME:
3. STREET ADDRESS:
4. CITY-STATE-ZIP: ☐ Change ☐ Addition
5. TITLE: ☐ Change ☐ Addition
6. NAME:
7. STREET ADDRESS:
8. CITY-STATE-ZIP: ☐ Change ☐ Addition
9. TITLE: ☐ Change ☐ Addition
10. NAME:
11. STREET ADDRESS:
12. CITY-STATE-ZIP: ☐ Change ☐ Addition
13. TITLE: ☐ Change ☐ Addition
14. NAME:
15. STREET ADDRESS:
16. CITY-STATE-ZIP: ☐ Change ☐ Addition
17. TITLE: ☐ Change ☐ Addition
18. NAME:
19. STREET ADDRESS:
20. CITY-STATE-ZIP:

14. I do hereby certify that the information supplied with this form 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: **J.B. Sussman** **J.B. SUSSMAN**
Signature and Typed or Printed Name of Signing Officer or Director

JANUARY 30, 1996

416-4844849

CR2E034 (12/95)