## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

Principal Place of Business

10625 N. MILITARY TRAIL. #104

2. Principal Place of Business

21

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SIGNATURE:

PALM BEACH GARDENS FL 33410

DOCUMENT # 560573 (8)

10625 N. MILITARY TRAIL. #104

PALM BEACH GARDENS FL 33410

PROPERTIES UNLIMITED REALTY, INC.

Mailing Address

2a. Mailing Address

26

**FILED** Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualified

02/24/1978

59-1806066

4. FEI Number

Suite, Apt.	#, etc.	Suite, /	Suite, Apt. #, etc.					5. Certificate of Status De	sired		\$8.75	
22		27					J. Columbate of diame be	-5.100		Fee Re	equired	
City & State	e	City & 1	City & State					<ol><li>Election Campaign Fin Trust Fund Contribution</li></ol>	_		\$5.00 Added t	
Zip	Country	Žip		Cour	ntry			8. This corporation owes		aid the cu		
24	25	29 30			]			Personal Property Tax				X No
Name and Address of Current Registered Agent						10. Name and Address of New Registered Ager						
WITHERS, FRANK						Name						
10625 N. MILITARY TRAIL, #104					82	Street A	Address	(P.O. Box Number is Not	Acceptal	hle)		
PALM BEACH GARDENS FL 33410					de didet / deless (1 .o. box (verifice) to 1/o/ / deeptable/							
					83							
					84	City					85 Zip (	Code
				- 1	٦-	Oily				FL	_   65   215 \	oode .
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND DIRECTORS			_	13.			ADDITIONS/CHANGES	TO OFFIC	CERS AN	<del></del>	
TITLE	PT LI DELETE			1,1 TITLE						Change	Li Addition	
NAME	Withers, Frank K. 49 Edinburg Dr				1.2 NAME							ļ
STREET ADORESS	PALM BEACH GARDENS,				1.3 STREET ADDRESS   3.3			ΙQ				ŀ
CITY-ST-ZIP	VPS DELETE				1.4 CITY-ST-ZIP 3			LO			Change	Addition
TITLE	WITHERS, JANET		III DECENE	2.1 NA							- Ottaitife	TT VOGITION
NAME DZOSCZ ADODESO	49 EDINBURG DR					, DOGGCC						
STREET ADORESS	PALM BEACH GARDENS.			2. 4 CI		ADDRESS	3341	10				ļ
CITY-ST-ZIP TIYLE	TALLE BE TOTT WITHERT		DELETE	3.1 TIT		1-217	<u> </u>				Change	Addition
NAME				3.2 NAI								
STREET ADDRESS				1		ADDRESS						
CITY-ST-ZIP				3.4. CIT								-
TITLE			DELETE	4.1 TIT				<del></del>			Change	Addition
NAME				4. 2 NA	ME							
STREET ADDRESS				4.3 STF	REET A	ADDRESS						
CITY-ST-ZIP				4.4 CIT	Y-ST	- ZIP						
TITLE			DELETE	5.1 TITL	LE						Change	Addition
NAME				5.2 NAM	ME							
STREET ADDRESS				5.3 STP	REET A	ADORESS						Ì
CITY-ST-ZIP				5.4 CIT	Y-ST	- ZIP						,
TITLE			DELETE	6.1 TITL	LE			_			☐ Change	☐ Addition
NAME				6.2 NAM	ME .	. 1						
STREET ADDRESS				6.3 STA	IEET A	ADDRESS						
CITY-ST-ZIP				6.4 CIT	Y-ST-	-ZIP						
14. I hereby c	ertify that the Information supplied with on this annual report or supplemental	n this filing doe annual report is	s not qualify for s true and accu	the exer	mpti thai	ion stated t my sion	d in Sec ature si	tion 119.07(3)(i), Florida S hall have the same legal e	atutes. I fect as if	further ce f made ur	artify that the ader oath: the	information it I am an
officer or of Block 12 o	14. Thereby 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 of the Sectiver 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, of on an attachment with an address.											