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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90213 022 ***150.00

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DOCUMENT # F46519	
THE PROPERTY CONNECTION, INC.	
·) 1867:186) 1869:18 1869:18 1869: 1869: 1869: 1869: 1869: 1869: 1869: 1869: 1869: 1869: 1869: 1869: 18

Principal Place	of Business	Mailing Ad	dress					# 1844 BIBN #1		911 A1011 (901
C/O MICHAEL F	RIEDER	C/O MICHA	el rieder							
9554 TAVERNIE	R DR.	9554 TAVER					DO NOT WEST	E IN THIC	CDACE	
BOCA RATON FL 33496 BOCA RATON FL 33496						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
							09/29/1981			1
a. Dain air at Di	leas of Dusinoss	2a, Mailing	Address				4. FEI Number		Ann	lied For
	lace of Business	26	Address				59-2656988			Applicable
21 Suite, Apt.	# etc	··	Apt. #, etc.						\$8.75 A	
	<i>m</i> , 010.	27	-				5. Certifcate of Status Desired		Fee Rec	
City & State	e	City &	State			•	6, Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		Cour	itry		8. This corporation owes the curre	nt year Inta		
24	25	29		30			Personal Property Tax.			□No
	9. Name and Address of Cur	rent Registered A	gent				10. Name and Address of New Re	gistered /	Agent	
					81	Name				
	ER, MICHAEL			ŀ	82	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)		
	TAVERNIER DR.			ļ				<u> </u>	_	
BOC	A RATON FL 33496			Ì	83					
				F	84	City			85 Zip C	ode
						-		<u>FL</u>		7 A
11. Pursuant	to the provisions of Sections 607.0	0502 and 607,1508 ate of Florida, Such	, Florida Statute change was au	es, the ab athorized	ove-r	named corpo ne corporatio	pration submits this statement for the p n's board of directors. I hereby accept	the appoir	cnanging its i itment as reg	istered
agent. I a	m familiar with, and accept the ob	ligations of, Section	607.0505, Flor	ida Statu	tes.					
SIGNATURE								D. T.		
	Signature, typed or printed name of registered				Agent s	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AN	D DIRECTOR	2S IN 12
12.	···	AND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	☐ Change	Addition
TITLE	DP					İ				_
NAME	RIEDER, MICHAEL 9554 TAVERNIER DR.			1 2 NA6	uc					1
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				1.3 STF	REET AI	DDRESS				
CITY-ST-ZIP	BOCA RATON FL		□ DELETE	1.3 STF 1.4 CIT	REET AI Y-ST-Z				Change	Addition
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CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: