

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000003009 (7)

1. Corporation Name

FORTY THIRD AVENUE PROPERTIES, INC.

Principal Place of Business

7102 N 43RD AVE  
GLENDALE AZ 85301  
US

Mailing Address

7102 N 43RD AVE  
GLENDALE AZ 85301-2906  
US



3. Date Incorporated or Qualified

06/08/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

86-0670777

Applied For

Not Applicable

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPUDIS, ERLENE  
705 LIGHTHOUSE COURT  
ALTAMONTE SPRINGS FL 32714

1618 Sunset View  
Circle

Apopka, 7132703

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	KNAUER, SUSAN	
STREET ADDRESS	7102 NO. 43RD AVENUE	
CITY - ST - ZIP	GLENDALE AZ 85301	
TITLE	WC	<input type="checkbox"/> DELETE
NAME	FRISBY, MICHAEL J	
STREET ADDRESS	7102 N 43RD AVE	
CITY - ST - ZIP	GLENDALE AZ	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	FRISBY, HOWARD	
STREET ADDRESS	7102 NO. 43RD AVENUE	
CITY - ST - ZIP	GLENDALE AZ 85301	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GOMEZ, LINDA	
STREET ADDRESS	7102 N 43RD AVE	
CITY - ST - ZIP	GLENDALE AZ	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	SPUDIS, ERLENE	
STREET ADDRESS	705 LIGHTHOUSE COURT	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 602  
245-2725  
SUSAN KNAUER, President

CR2E034 (9/96)