

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 # **F99849** (4)

1. Corporation Name

PROPERTIES BY THE PROFESSIONALS, INC.

Principal Place of Business

**1720 HARRISON STREET, STE 1805
HOLLYWOOD FL 33020**

Mailing Address

**1720 HARRISON STREET, STE 1805
HOLLYWOOD FL 33020**



2. Principal Place of Business

2a. Mailing Address

21 **2117 HOLLYWOOD BLVD**

26 **2117 HOLLYWOOD BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE A**

27 **SUITE A**

City & State

City & State

23 **HOLLYWOOD, FL. 33020**

28 **HOLLYWOOD, FL. 33020**

Zip

Country

Zip

Country

24 **33020**

25 **BROWARD**

29 **33020**

30 **BROWARD**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/22/1982

3a. Date of Last Report

05/26/1995

4. FEI Number

59-2232786

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

10. Name and Address of New Registered Agent

**OLDANI II, JOSEPH J
1720 HARRISON ST. STE. 1805
HOLLYWOOD FL 33020**

81 Name

SUSAN THOMPSON

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

847 TYLER ST.

83

HOLLYWOOD, FLORIDA 33019

84 City

FL

33019

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

Susan Thompson

5-26-96

Signature, typed or printed name of registered agent and that of principal

(NOTE: Registered Agent initials required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **PETRILLO, ADELINE**
CITY-ST-ZIP **1720 HARRISON ST #1805
HOLLYWOOD, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME **PD**
3. STREET ADDRESS **ADELINE PETRILLO**
4. CITY-ST-ZIP **2117 HOLLYWOOD BLVD. STE. A
HOLLYWOOD, FL. 33020**

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. 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 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:

Adeline Petrillo

ADELINE PETRILLO

5/26/96

(954)925-6161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)