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Mailing Address

% STEVEN P. ADLER

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H61362

Corporation Name

Principal Place of Business

* STEVEN P. ADLER

UNIPROP REALTY, INC.

280 DAINES ST., STE. 300 280 DAINES ST., STE. 300 DO NOT WRITE IN THIS SPACE BIRMINGHAM MI 48009 BIRMINGHAM MI 48009 3. Date Incorporated or Qualifed 06/11/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2551586 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip ☑N₀ Personal Property Tax. 30 25 20 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RINES. MILTON Street Address (P.O. Box Number is Not Acceptable) 82 15235 TAMIAMI TRAIL FT. MYERS 33908 85 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change ☐ DELETE 1.1 TITLE TITLE ZLOTOFF, PAUL M. 1.2 NAME NAME 280 DAINES ST. #300 1.3 STREET ADDRESS STREET ADDRESS **BIRMINGHAM MI** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 21 TITLE TITLE ADLER, STEVEN P. 2.2 NAME NAME 280 DAINES STREET #300 2.3 STREET ADDRESS STREET ADDRESS **BIRMINGHAM MI** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ DELETE 5.1 TITLE ☐ Addition πŒ 5.2 NAME NAME

I hereby certify that the information supplied with this filling 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 the 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 employees 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

248.645.9220 Daytime Phone #

☐ Change

☐ Addition

FILED Mar 17, 1999 8:00 am

Secretary of State

03-17-1999 90001 020 ***300.00

CR2E034 (11/98)