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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:16

DOCUMENT # J29191

(0)

1. Corporation Name

ABOUT TOWN PROPERTIES, INC.

Principal Place of Business

8320 WEST SUNRISE BLVD.
FT. LAUDERDALE FL 33322

Mailing Address

8320 WEST SUNRISE BLVD.
FT. LAUDERDALE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1986

3b. Date of Last Report

06/24/1994

4. FEI Number

59-1228702

Applied For

Not Applicable

5. Certificate of Status (Share)

☐

\$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 adequate tax under 5-1101 F.C.R.
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 100

23 City & State

24 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 100

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

WISHNIA, SARAH
10181 S.W. 4TH STREET
FT. LAUDERDALE FL 33324

10. Name and Address of New Registered Agent

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 607.0508, 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

Sarah Wishnia

Pres. N: CHASE

2-14-95

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

PTD
WISHNIA, SARAH
10181 SW 4TH ST
FT. LAUDERDALE FL

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

VSD
WISHNIA, JULIUS
10181 SW 4TH ST
FT. LAUDERDALE FL

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

13.4

NAME

STREET ADDRESS

CITY, ST, ZIP

13.5

NAME

STREET ADDRESS

CITY, ST, ZIP

13.6

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, and does not apply, for the corporation stated as fact in the filing. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the signatures above have the same legal effect as if made under oath. That I am an officer or director of this corporation or the receiver of its assets and that this report is required by Chapter 201-1, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with the address.

SIGNATURE:

Sarah Wishnia

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2-14-95

305-423-2819