

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

FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J29191

(0)

1. Corporation Name  
ABOUT TOWN PROPERTIES, INC.

Principal Place of Business

8320 WEST SUNRISE BLVD  
SUITE 100  
FT. LAUDERDALE FL 33322  
US

Mailing Address

8320 WEST SUNRISE BLVD  
SUITE 100  
FT. LAUDERDALE FL 33322-5400  
US

3. Date Incorporated or Qualified  
08/19/1986

3a. Date of Last Report  
03/13/1996

4. FEI Number  
59-1228702

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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 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 607.1508, 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]*

*[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           | PTD               | <input checked="" type="checkbox"/> DELETE |
| NAME            | WISHNIA, SARAH    |  |
| STREET ADDRESS  | 10181 SW 4TH ST   |  |
| CITY - ST - ZIP | FT. LAUDERDALE FL |  |
| TITLE           | VSD               | <input checked="" type="checkbox"/> DELETE |
| NAME            | WISHNIA, JULIUS   |  |
| STREET ADDRESS  | 10181 SW 4TH ST   |  |
| CITY - ST - ZIP | FT. LAUDERDALE FL |  |
| TITLE           |                   | <input type="checkbox"/> DELETE            |
| NAME            |                   |  |
| STREET ADDRESS  |                   |  |
| CITY - ST - ZIP |                   |  |
| TITLE           |                   | <input type="checkbox"/> DELETE            |
| NAME            |                   |  |
| STREET ADDRESS  |                   |  |
| CITY - ST - ZIP |                   |  |
| TITLE           |                   | <input type="checkbox"/> DELETE            |
| NAME            |                   |  |
| STREET ADDRESS  |                   |  |
| CITY - ST - ZIP |                   |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                          |  |
|---------------------|--------------------------|--|
| 1.1 TITLE           | PTD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | WISHNIA, JULIUS          |  |
| 1.3 STREET ADDRESS  | 10181 SW 4TH ST          |  |
| 1.4 CITY - ST - ZIP | FT. LAUDERDALE, FL 33324 |  |
| 2.1 TITLE           | S.D.                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | WISHNIA, SARAH           |  |
| 2.3 STREET ADDRESS  | 10181 SW 4TH ST          |  |
| 2.4 CITY - ST - ZIP | FT. LAUDERDALE, FL 33324 |  |
| 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

954-423-2800

Date

Daytime Phone #

CR2E034 (9/96)