## SECOND NATICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMBONT DUE TO REFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997

DOCUMENT #
1. Corporation Name

City & State



J40203

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

97 JUL 18 AM 7: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA

5. Certificate of Status Desired

6. Election Campaign Financing

APPROVED

EUGAR PRONER, P.A.				
Principal Place of Business	Mailing Address			
% EDGAR PRONER 4977 NORTH STATE ROAD 7 FORT LAUDERDALE FL 33319	% EDGAR PRONER 4977 NORTH STATE ROAD 7 FORT LAUDERDALE FL 33319	DO NOT WRITE IN THIS SPACE		
TOTAL CHOSENSAGE IS COOK	TOTAL CHOOLIDALE TE 60016	3. Date Incorporated or Qualified 10/30/1986	3a. Date of Last Report 01/22/1996	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	U1/22/1880 Applied	
21	26	65-0000040	Not App	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	E Continue of Olet or Decised		

City & State

(8)

		28			Trust Fund Contribution L_1 Added to Fees
Zip Country		Zip Cou		intry	This corporation owes or has paid the correct year intangible
	25	29	30		Personal Property Tax due June 30.  Yes 🗹 No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PRONER, EDGAR				B1	1 Name
4977 NORTH STATE ROAD 7 FORT LAUDERDALE FL 33319				82	2 Street Address (P.O. Box Number is Not Acceptable)
		•		83	3
				84	4 City 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 brinted name of registered agant and little if applicable (NOTE Registered Agent signature required when reinstating)  DATE  1							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	PRONER, EDGAR	1.2 NAME					
STREET ADDRESS	4977 NORTH STATE ROAD 7	1.3 STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	1000022452915				
TITLE	☐ DELETE	2.1 TITLE	1000022452915 -07/23/97-01092g-0104dilion ****165.00 ****165.00				
NAME		2.2 NAME	****165.UU ****165.UU				
STREET ADDRESS		2.3 STREET ADDRESS					
CITY-ST-ZIP		2. 4 CITY-ST-ZIP					
TITLE	☐ DELETE	3.1 TITLE	Change Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE	DELETE	4.1 TITLE	Change Addition				
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	Change Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS	1 M a/a				
CITY-ST-ZIP		5.4 CITY - ST - ZIP	1/1/22				
TITLE	DELETÉ	6.1 TITLE	Thange Addition				
NAME		6.2 NAME	`				
STREET ADDRESS		6.3 STREET ADDRESS					
OUT OF THE		CAOTY OF TO					

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.

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be