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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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i. Corporation	MENT # <b>J45462</b> OPERTIES, INC.		(5)						
Principal Place of Business Mailing Address  3334 SABAL COVE LANE 3334 SABAL COVE LANE									
	Y FL 34228-3545	LONGBOAT US	KEY FL 3422	8-4157					
						3. Date Incorporated or Qualified 11/26/1986		ate of Last F 01/1996	Report
	lace of Business	2a. Mailing	Address	***		4. FEI Number		A	pplied For
21 Sole, Apt.	#. etc	26 Suite	Apt. #, etc.	<del></del>		59-2766498			ot Applicable Additional
22		27				5. Certificate of Status Desired		•	equired
City & State 23	e	City & <b>28</b>	State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
24	25   9. Name and Address of Curre	29 Int Registered A	gent	1301		10, Name and Address of New R			
HOF	FMAN, ROBERT W.			8	1 Name				
	SABAL COVE LANE		82 Street		2 Street Add	Iress (P.O. Box Number is Not Accepta	able)		
LONG	GBOAT KEY FL 33548			8	3				
				8	4 City		FL	<b>85</b> Zip	Code
11. Pursuant	to the previsions of Sections 607.05	02 and 607 1508	s, Florida Stati	ites, the abo	ve-named cor	poration submits this statement for the		f changing	its registered
	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida, Suci gations of, Section	n 607,0505, F	autnorized t Torida Statut	by the corpora es.	poration submits this statement for the ation's board of directors. I hereby according to the control of the co	ept the app	oointment as	; registerea
SIGNATUHE	Signature, typica or profest name of registered a	gent and the Papplicat	ale (NC	DTE Registered A	gent signature requ	pired when reinstating)	DATE		
12.	OFFICERS AF	ND DIRECTORS	DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR Change	RS IN 12 Addition
THLE NAME	HOFFMAN, WILLIAM R.		טכננונ	1.1 TITLE 1.2 NAME	- }			CHAINGE	Addition
STREET ADDRESS	3334 SABAL COVE LANE				ET ADDRESS				
CITY ST-7IP	LONGBOAT KEY FL			1.4 CITY					
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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PHOCER OR DIRECTOR

345/97 (14-363-707) Dayting Phone 1

**FILED** 

Mar 31 1997 8:00am

Secretary of State