

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # J50583

(0)

1. Corporation Name

BUTLER PROPERTIES, INC.

FILED

95 FEB -7 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

805 E. HILLSBORO BLVD  
DEERFIELD BEACH FL 33441

Mailing Address

805 E. HILLSBORO BLVD  
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/23/1986

3a. Date of Last Report

02/04/1994

4. FEI Number

59-2748057

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTLER, JACK E.  
2363 LOBLOLLY LANE  
DEERFIELD BEACH FL 33441

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                    |
|----------------|--------------------|
| TITLE          | PD                 |
| NAME           | BUTLER, JACK E.    |
| STREET ADDRESS | 2363 LOBLOLLY LN.  |
| CITY-ST-ZIP    | DEERFIELD BEACH FL |
| TITLE          | STD                |
| NAME           | BUTLER, ROBERT D.  |
| STREET ADDRESS | 84 S.E. 4TH AVE.   |
| CITY-ST-ZIP    | DEERFIELD BEACH FL |
| TITLE          | D                  |
| NAME           | BUTLER, MOLLY W.   |
| STREET ADDRESS | 2363 LOBLOLLY LN.  |
| CITY-ST-ZIP    | DEERFIELD BEACH FL |
| TITLE          | D                  |
| NAME           | BUTLER, MARTHA P.  |
| STREET ADDRESS | 84 S.E. 4TH AVE.   |
| CITY-ST-ZIP    | DEERFIELD BEACH FL |
| TITLE          | D                  |
| NAME           | CURCIO, PETER ALAN |
| STREET ADDRESS | 77 E CAMINO REAL   |
| CITY-ST-ZIP    | BOCA RATON FL      |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 1.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY-ST-ZIP    |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY-ST-ZIP    |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY-ST-ZIP    |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY-ST-ZIP    |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY-ST-ZIP    |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY-ST-ZIP    |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Jack E. Butler President - Jack E. Butler President 1/31/95 305-421-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number