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FILED

Jan 29 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 # J50583

(0)

1. Corporation Name

BUTLER PROPERTIES, INC.

Principal Place of Business

Mailing Address

805 E. HILLSBORO BLVD
DEERFIELD BEACH FL 33441

805 E. HILLSBORO BLVD
DEERFIELD BEACH FL 33441-3521

3. Date Incorporated or Qualified

12/23/1986

3a. Date of Last Report

01/30/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2748057

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTLER, JACK E.
2383 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	<input type="checkbox"/> DELETE
NAME	BUTLER, JACK E.	
STREET ADDRESS	2363 LOBLOLLY LN.	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BUTLER, ROBERT D.	
STREET ADDRESS	84 S.E. 4TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, MOLLY W.	
STREET ADDRESS	2363 LOBLOLLY LN.	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, MARTHA P.	
STREET ADDRESS	84 S.E. 4TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEACH, KAREN	
STREET ADDRESS	77 EAST CUGRINO REAL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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.

954

SIGNATURE: *Jack E Butler* JACK E BUTLER President 1/23/97 421-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)