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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporation	MENT # K5016	68	(9)									
•	ROPERTIES, INC.											
Principal Place of Business Mailing Address							3. Date Incorporated or Qualified 3a. Date of Last Report					
1801 MCCLOSKEY BLVD % SIDNEY M. PERTNOY TAMPA FL 33605 1601 MCCLOSKEY BLVD % SIDNEY M. PERTNOY TAMPA FL 33605-6731												
								Date Incorporated or Qualified 12/01/1988		te of La 20/198		ort
2. Principa! I	lace of Business	2a. Maili 26	2a. Mailing Address				4. FEI Number 59-3014047			-	Appl	ied For Applicable
Suite Apt #, etc.			Suite, Apt. #, etc.				5. (Dertificate of Status Desired	\$8.75 Additional Fee Required			
	City & State City & State				~ <u></u>			lection Campaign Financing rust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25		Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No						
	9. Name and Address of Cu	rrent Registered	Agent				10.	Name and Address of New Re	gistered /	gent		
PERTNOY, SIDNEY M. 100 S.E. 2ND STREET SUITE 2100					1	Name						
					2	Street Add	ress (P.0	O. Box Number is Not Acceptal	ole)			· · · · · · · · · · · · · · · · · · ·
					1							
MU	AMI FL 33131			8:	3							
				8	4	City			FL	85	Zip Co	de
office or	to the provisions of Sections 607, registered agent, or both, in the S am familiar with, and accept the of	tate of Florida, Su	ch change was	authorized t	by '	the corpora	poration ation's bo	submits this statement for the pard of directors. I hereby acce	ourpose of pt the app	changir ointmen	ng its r t as re	egistered gistered
SIGNATURE	Signatine typed or prettyciname of registeres	d amont and life. Largeiz	ahla /NOI	E Registered A	nan	d Bionature tenu	ired when t	o.nelation)	DATE		·	
12.					1 13.			ODITIONS/CHANGES TO OFFIC		DIREC'	TORS	N 12
TITLE	P		☐ DELETE 1.		TITLE				,	Char		Addition
NAME	BARKETT, HARRY J.			1,2 NAME	F	ĺ						
STREET ADDRESS				1.3 STRE	ET A	address						
CITY-ST-ZIP	TAMPA FL			1.4 CiTy-	-St	- ZIP						
THE	\$		DELETE	2.1 TITLE	•					Char	ige i	Addition
NAME	VITTORINO. ALFRED C.			2.2 NAMI	E	J						
STREET ADDRESS	1601 MCCLOSKEY BLVD			2.3 STRE	ETA	ADDRESS						
CITY - ST - ZIF	TAMPA FL	d. 44.117.47 _{4.11}		2 4 DITY		T - ZIP						
THILE	Į		DELETE	3.1 TITLE	E	1				☐ Char	ige l	Addition

6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 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 thefreceiver 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.

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.4. CITY - ST- ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CDY-\$1-2IP

CITY-ST-ZIF

CITY - \$1 - 21P

TITLE NAME

TITLE

NAME STREET ADDRESS

THE

14 FEB87

FILED

Feb 27 1997 8:00am

Secretary of State

Change

Change

Change

Addition

Addition

Addition