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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

| ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS | | | | | | | | | |
|---|--------------------------------|---|---|------------------------------|------------------|-------------------------|---|------------------------------|--------------------------|
| DOCU 1. Corporation | MENT # | <63712 | (9) | | | | | | |
| i i | IAN PROPERTIES | S, INC. | ` ' | | | | | | |
| | | | | | | | E 2 2 0 25 11 0 10 0 11 0 1 12 12 12 12 12 12 12 12 12 12 12 12 12 | | l Ilian aran ma |
| Principal Place of Business Mailing Address | | | | | | | | | |
| 3093 BUCCANEER RD 3093 BUCCANEER RD LANTANA FL 33462 LANTANA FL 33462 | | | | | | | | | |
| CANTANA FL | . 33402 | LANTA | NA FL 33462 | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified 01/30/1989 | 3a. Date of Last 05/01/19 | |
| 2. Principal P | Place of Business | - | ng Address | VI | | | 4. FEI Number | 00/01/18 | Applied For |
| Suite, Apt. | #, etc. | 26 Suite | e, Apt. #, etc. | | | | 65-0108829 | | Not Applicable |
| 22 | | 27 | | | | | 5. Certificate of Status Desired | | 5 Additional Required |
| City & State | ю | City | & State | | | | 6. Election Campaign Financing | \$5.0 | 00 May Be |
| Zip | Coun | | | Counti | ~~~~~ | · | Trust Fund Contribution | | ed to Fees |
| 24 | 25 | 29 | | 30 | , | | 8. This corporation has liability for Florida Statutes | intangible tax under s No | 199.032, |
| | 9. Name and Add | ress of Current Registered | Agent | | | | 10. Name and Address of New R | egistered Agent | |
| CATE V | VILLIAM G. | | | 8 | | | | | |
| | KE WORTH RD | | | 8: | Stre | et Addre | ss (P.O. Box Number is Not Acceptab | le) | |
| SUITE E | | | | | 3 | | | | |
| LAKE W | ORTH FL 33466 | | | 84 | City | , | | | |
| 11 Purcuant | to the provisions of De- | | | | 1 | | | | ip Code |
| Or register | red agent, or both, in the | e State of Florida. Such chan | 3, Florida Statute: ge was authorize | s, the above d by the cor | nameo poratio | d corporal n's board | tion submits this statement for the pur of directors. I hereby accept the appo | pose of changing its | registered office |
| SIGNATURE | ion, and accept the doll, | gations of, Section 607.0505, | Florida Statutes. | | | | | and the second | agent. Fam |
| | | e of registered agent and title it applicable | | E. Birgiisterled Age | nt signat | are required v | 618(a) 63nataling | DATE | |
| 12. | PO | OFFICERS AND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTO | DRS IN 12 |
| NAME | CATE, WILLIAM | 3. | ☐ DELE1£ | 1. 1 T.TLE 1 2 NAME | | | | Criange | Addition |
| STREET ADDRESS | 3093 BUCCANEE | R RD | | 1.3 STREE | | 22 | | | |
| CITY-ST-ZIP | LANTANA FL | | | 14 CITY | | | | | İ |
| TITLE NAME | VST | | ☐ DELETE | 2 : TITLE | | | | ☐ Change | Addition |
| STREET ADDRESS | YOUNGS, RANDA 237 WALTON HE | | | 2.2 NAME | | | | | |
| CHY ST-ZIP | ATLANTIS FL | AITION | | 2 3 STREE | | SS | | | Ì |
| TUTLE | D | | DELETE | 2 4 CITY - 3 1 TITLE | 31 · ZIF | | | Change | Addition |
| NAME | YOUNGS, RANDA | ALL J. | | 3.2 NAME | | | | onlyings | |
| STREET ADOPESS | 237 WALTON HE ATLANTIS FL | ATH DR | | 33 STREE | I ADDRES | ss | | | |
| CHY-ST-ZIP TITLE | AILANIIO FL | | DELFTE | 3.4 CTY-5 | ST - ZIP | | | | |
| NAME | | | | 4 1 TITLE 4 2 NAME | | | | ☐ Change | Addition |
| STREET ADDRESS | | | | 4.3 STHEE | ADDRES | s | | | 1 |
| CiTy - ST - ZiP | | | | 4.4 CITY - S | | | | | |
| THILE NAME | | | DELETE | 5 1 THE | | | | Change | Addition |
| NAME STREET ADDRESS | | | | 5.2 NAME | | | | | |
| City-St-zip | | | | 5.3 STREET | | S | | | |
| TATLE | | | DELETE | 5 4 CITY - S 5 1 IFILE | O - ZIP | - | | Change | Addition |
| NAME | | | | 6.2 NAMi | | | | Change | T3 Voquitini |
| STREET ADDRESS | | | | 6.3 STREET | ADDRES: | S | | | |
| 14. 1 do hereby | certify that the informa | tion supplied with this filing is | voluntarily furnish | 6 4 CHY-S | I-ZIF | Jaki for a | Pho Company Line (1997) | | |

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 appears in Block 12 or Block 13 if changed, or or in a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CATE 2/27/96 (407)439-17076