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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # L03860

(8)

1. Corporation Name

Principal Place of Business

PRG PROPERTIES, INC.

Mailing Address



2. Principal Place of Businoss 2a. Mailing Address 25 2a. Mailing Address 25 2a. Mailing Address 26 4. FET Number 25 5. Certificate of Status Desired 7. Trust Fund Contribution 7. Trust Fu	וטי ודע	1995
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. So Certificate of Status Desired		Not Applicable
City & State 28 29 Country Zip Country Zip Country Zip Country Zip Country Zip Country S. This corporation has liability far intangible Findida Statutes Findida Statutes Size Street Address of New Registere 81 Name GREENSTEIN, PETER R. 5388 PLAINS DRIVE LAKE WORTH FL 33463 84 City From Country 85 City Street Address (P.O. Box Number is Not Acceptable) 86 B3 B4 City From Country B1 Name 67 68 City From Country Size Address (P.O. Box Number is Not Acceptable) From Country From Country Size Address (P.O. Box Number is Not Acceptable) From Country Size Address (P.O. Box Number is Not Acceptable) From Country B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) From Country From Country Size Address (P.O. Box Number is Not Acceptable) From Country B3 B4 City From Country B4 City From Country B4 City From Country B5 Country B7 Countr		. 75 Additional ee Required
Zip Country Zip Country Zip Country Zip Country Signal Statutes Signal Statute		.00 May Be
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 LAKE WORTH FL 33463 84 City F 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 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 familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, byted or printed rame of registered agent and tik if applicable NOTE Replicated Agent is grature required with mental main remaining. NOTE Replicated Agent is grature required within remaining. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A TITLE DPT DELETE 1.1 TITLE DPT DELETE 1.2 NAME STREET ADDRESS 5386 PLAINS DRIVE 1.3 STREET ADDRESS 601Y-ST-2IP LAKE WORTH FL DVS DELETE 2.1 TITLE DVS DELETE 2.2 NAME FUNCHEON,MURIEL A.		ers 199.032,
GREENSTEIN, PETER R. 5386 PLAINS DRIVE LAKE WORTH FL 33463 82 Street Address (P.O. Box Number is Not Acceptable) 83 Ball City F 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 corregistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, tyled or printed rame of registered agent and tilk if applicable (NOTE Registered Agent signature required when renstiting) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A TITLE (1.1 TITLE (1.2 NAME)) STREET ADDRESS 5386 PLAINS DRIVE (1.3 STREET ADDRESS (1.3 STREET ADDRESS (1.4 STREET ADDRESS (1	ed Agent	
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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 corregistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typicd or printed corporation of registered agent and title if applicable NOTE Registered Agent's greature required when renshifting DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A DIRECTORS I 1.1 TILLE NAME GREENSTEIN, PETER R. STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 1.4 CITY-ST-ZIP TITLE DVS LAKE WORTH FL DELETE 2 1 TILLE AMME FUNCHEON,MURIEL A.	 85	Zip Code
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the applicant familiar with, and accept the obligations of, Section £07,0505, Florida Statutes. Signature Signature typind or printed name of registered aject and tilk if applicable NOTI: Registered Agent's greature required when reinstating DATE	<u>-L</u>	
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6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 CITY-ST-ZIP 1.4 Lee hereby ceclify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k).		

Loo nereby certify that the information supplied with this filling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. Hurther 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 early that I am an officer or director of the corporation or the receiver of 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: Duris Duris Lear Signature and Typed or Printed Name of Signing Officer or Director