## 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

DOCUMENT # L03860

(8)

PRG PROPERTIES, INC.

**FILED** May 02 1997 8:00am Secretary of State



r silicipal r lace of busilioss			Maning Address				
C/O PETER R. GREENSTEIN 8386 PLAINS DRIVE LAKE WORTH FL 33463		538	C/O PETER R. GREENSTEIN 5386 PLAINS DRIVE LAKE WORTH FL 33463-5814				
						<ol> <li>Date Incorporated or Qualified 07/20/1989</li> </ol>	3a. Date of Last Report 05/01/1996
2. Principal Place of Business			2a, Mailing Address			4. FEI Number	Applied For
21		26	<u> </u>		65-0137563	Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Žip	Country Zip Ci		Country	y	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29		30			Yes 🗹 No
	9. Name and Address of	Current Regist	ered Agent			10. Name and Address of New Reg	Istered Agent
	enstein, Peter R.			81	Name		
5386 PLAINS DRIVE			82 Street Ad		idress (P.O. Box Number is Not Acceptable)		
LAKE WORTH FL 33463					1		
				83			
				84	City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections € egistered agent, or both, in th m familiar with, and accept th	i07.0502 and 60 e State of Florid	07.1508, Florida Statu a. Such change was	ites, the above authorized b	e-named cor y the corpora	poration submits this statement for the particular points board of directors. I hereby accept	
SIGNATURE	Signature, typed or printed name of regis					Annual Control of the	
12.		RS AND DIREC		18.	eni signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE EDS AND DIRECTORS IN 12
TITLE	DPT	no roto pinco	DELETE	1.) THE	- T-	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	GREENSTEIN, PETER R.		<u> </u>	1.2 NAME			
STREET ADDRESS	5386 PLAINS DRIVE				1 ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL			1.# CITY-			
TITLE	DVS		DELETE	2.1 TITLE	51 En		Change Addition
NAME	FUNCHEON, MURIEL A.			2.2 NAME			_
STREET ADDRESS	5389 PLAINS DRIVE			2.8 STREE	T ADDRESS		ì
CITY-ST-ZIP	LAKE WORTH FL			24 CITY-			
TITLE			DELETE	3.) TITLE			Change Addition
NAME				3.2 NAME			ì
STREET ADDRESS				3.\$ STREE	T ADDRESS		
CITY-ST-ZIP				3.#. CITY-	ST-7IP		
TITLE			DELETE	4.) TITLE			Change Addition
NAME .				4.12 NAME			
STREET ADDRESS				4.\$ STREF	T ADDRESS		-
CITY-ST-ZIP				4.# CITY-	ST-ZIP		
TITLE			□ DELETE	5.) THE			☐ Change ☐ Addition
NAME				5.⊉ NAME			
STREET ADDRESS				5.8 STREE	T ADDRESS		
CITY-ST-ZIP				5.4 CITY-1	ST-ZIP		
TITLE			☐ DELETE	6.1 THLE			Change Addition
NAME				6.₽ NAME			
STREET ADDRESS				6.\$ STREF	1 ADDRESS		
CITY-ST-ZIP				6.# CITY - :	S1 - 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.

(541)