FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:18

DOCUMENT # **L20606** **(4)**

1. Corporation Name
PAPPAS PROPERTIES, INC.

Principal Place of Business	Mailing Address
18001 BISCAYNE BOULEVARD P.O. BOX 630507 OJUS. FL 33163 MIAMI FL 33180	[redacted] PO BOX 630785 MIAMI FL [redacted] US 33163

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1989	3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0146114	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 630785
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State	28 OJUS . FLA
24 Zip / 25 Country	29 33163 / 30 US

9. Name and Address of Current Registered Agent

DUVAL, HARVIE S.
1680 N.E. 135TH STREET
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	PAPPAS, GREGORY	12 NAME	
STREET ADDRESS	PO BOX 630507-N/A	13 STREET ADDRESS	
CITY ST ZIP	OJUS FL	14 CITY ST ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	PAPPAS, VIRGINIA W.	22 NAME	
STREET ADDRESS	PO BOX 630507-N/A	23 STREET ADDRESS	
CITY ST ZIP	OJUS FL	24 CITY ST ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	PAPPAS, JAMES	32 NAME	
STREET ADDRESS	2005 N. HIBISCUS DR.	33 STREET ADDRESS	
CITY ST ZIP	N. MIAMI FL	34 CITY ST ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	PAPPAS, LAVERNE	42 NAME	
STREET ADDRESS	2005 N. HIBISCUS DR.	43 STREET ADDRESS	
CITY ST ZIP	N. MIAMI FL	44 CITY ST ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	PAPPAS, STEVEN J.	52 NAME	
STREET ADDRESS	PO BOX 630507-N/A	53 STREET ADDRESS	
CITY ST ZIP	OJUS FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Steven J Pappas STEVEN J PAPPAS (TREAS) 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0150483 CP