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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L20606

(4)

1. Corporation Name
PAPPAS PROPERTIES, INC.

Principal Place of Business

19001 BISCAYNE BLVD
P.O. BOX 630785
MIAMI FL 33180
US

Mailing Address

PO BOX 630785
PO BOX 630785
OJUS FL 33183-0785
US

3. Date Incorporated or Qualified
10/03/1989

3a. Date of Last Report
06/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

DUVAL, HARVE 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	DELETE
NAME	PAPPAS, GREGORY	N/A
STREET ADDRESS	PO BOX 630785	
CITY - ST - ZIP	OJUS FL	
TITLE	DV	DELETE
NAME	PAPPAS, JAMES	N/A
STREET ADDRESS	PO BOX 630785	
CITY - ST - ZIP	N. MIAMI FL	
TITLE	DV	DELETE
NAME	PAPPAS, LAVERNE	N/A
STREET ADDRESS	PO BOX 630785	
CITY - ST - ZIP	OJUS FL	
TITLE	T	DELETE
NAME	PAPPAS, STEVEN J.	N/A
STREET ADDRESS	PO BOX 630785	
CITY - ST - ZIP	OJUS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	Change	Addition
1.2 NAME	PAPPAS, GREGORY	N/A	
1.3 STREET ADDRESS	PO BOX 630785		
1.4 CITY - ST - ZIP	OJUS, FL		
2.1 TITLE	P/D	Change	Addition
2.2 NAME	PAPPAS, JAMES	N/A	
2.3 STREET ADDRESS	PO BOX 630785		
2.4 CITY - ST - ZIP	OJUS, FL		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	S/T/D	Change	Addition
4.2 NAME	PAPPAS, STEVEN J.	N/A	
4.3 STREET ADDRESS	PO BOX 630785		
4.4 CITY - ST - ZIP	OJUS, FL		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 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:

Signature and typed or printed name of signing officer or director
STEVEN J. PAPPAS, D.R. 3/19/97 305-931-5788

CR2E034 (9/96)