FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # L45463 (1)

1. Corporation Name

PRO - 1 REALTY, INC.

Principal Place of Business	Mailing Address
~~% LEEN I. DAWANY~~ ~~1847 SE PORT ST. LUCIE BLVD.~~ ~~PORT ST LUCIE FL 34952~~	~~% LEEN I. DAWANY~~ 1847 SE PORT ST. LUCIE BLVD. PORT ST LUCIE FL 34952

2. Principal Place of Business	2a. Mailing Address
21 3333 La Prado Ct	26 1847 SE PSL Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port St. Lucie FL	City & State 28 Port St Lucie FL
Zip 24 34952 — Country 25 USA	Zip 29 34952 — Country 30 USA

3. Date Incorporated or Qualified: 01/22/1990
3a. Date of Last Report: 06/06/1995
4. FEI Number: 65-0171598 — 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

DAWANY, LEEN I.
1847 SE PORT ST. LUCIE BLVD
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name: Roger Hani
82 Street Address (P.O. Box Number is Not Acceptable): 3333 La Prado Ct
83
84 City: Port St. Lucie FL 85 Zip Code: 34952

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] 4/18/96

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	QUBAIN, IMAD S.	
STREET ADDRESS	1847 SE PT ST LUCIE BLVD	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	PST	☒ DELETE
NAME	QUBAIN, IMAD S.	
STREET ADDRESS	1847 SE PT ST LUCIE BLVD	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	President	☐ Change ☒ Addition
1.2 NAME	Roger Hani	
1.3 STREET ADDRESS	3333 La Prado Ct	
1.4 CITY-ST-ZIP	Port St Lucie FL 34952	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] Pres. — 4/18/96 — 407 335 5885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)