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CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

(5)

FLORIDA PROPERTY INVESTMENT, INC. Principal Place of Business Mailing Address C/O ELLI PILNIK C/O ELLI PILNIK 4113 N.W. 46TH DRIVE 4113 N.W. 46TH DRIVE GAINESVILLE FL 32606 **GAINESVILLE FL 32606** 3. Date Incorporated or Qualified 3a. Date of Last Report 02/15/1990 05/31/1995 4. FEI Number Applied For 2a, Mailing Address 2. Principal Place of Business 59-2996717 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country  $Z_{\rm P}$ Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) PILNIK, ELLI 82 4113 N.W. 46TH DRIVE GAINESVILLE FL 32606 Zip Code 85 84 City 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. DATE Supratural typod or purified name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ■ Addition DELETE 1.1 TIDE TITLE 1.2 NAME PILNIK, ELLI NAME 4113 N.W. 46TH DRIVE 1.3 STREET ADDRESS STRIET ADDRESS GAINESVILLE FL 14 CF Y-ST-ZIP DELETE ☐ Addition 2 1 TH .E TiPLE 22 NAME NAMÉ PRICE, MARTIN I. 2.3 STREET ADDRESS 329 POINCIANA DRIVE STREET ACORESS SUNNY ISLES FL 2 4 Cf Y-ST-ZIP ☐ Change ☐ Addition DFLE TE 3 1 THILE HLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CHY ST ZIP Change Addition [ ] DELFTE 4 1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ACOBESS 4.4 CITY - \$1 - 21P CHY-51-Z# Addition ☐ Change ☐ DELETE 5 1 THE 1916 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 7IP CIY-SI ZP Change Addition DELETE 6 1 T TLE 10.0 6.2 NAME NAMI 6.3 STREET ADDRESS STREET ADDRESS. 64C 1Y-S1-7P CITY - S1 - 70 14. I do hereby certify that the information supplied with this filling 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 coath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as equired 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 · prs. 3-6-96

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