

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L74579** (8)

1. Corporation Name
PROPER PERSPECTIVES INC.



Principal Place of Business
**% SUSAN SCHWAB
5831 SOUTHWEST 52ND TERRACE
DAVIE FL 33314**

Mailing Address
**% SUSAN SCHWAB
5831 SOUTHWEST 52ND TERRACE
DAVIE FL 33314**

2. Principal Place of Business

21 Suite, Apt #, etc:

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc:

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**SCHWAB, SUSAN
5831 SW 52ND TERRACE
DAVIE FL 33314**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
05/15/1990

3a. Date of Last Report
04/28/1995

4. FET Number
65-0192364

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

10. Name and Address of New Registered Agent

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Officer or Director (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
SCHWAB, SUSAN
5831 SW 52ND TERR
DAVIE FL**

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
SCHWAB, DORAN
5831 SW 52ND TERR
DAVIE FL**

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
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CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

Change Addition

71 TITLE
72 NAME
73 STREET ADDRESS
74 CITY- ST- ZIP

Change Addition

Change Addition

SIGNATURE: *Susan P. Schwab*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

954 587 6331

CR2E034 (12/95)