SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **L76766** **(9)**

1. Corporation Name

ALLEN PROPERTY MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
% DAN ALLEN 14502 N. DALE MABRY, SUITE 226 TAMPA FL 33618	% DAN ALLEN 14502 N. DALE MABRY, SUITE 226 TAMPA FL 33618

3. Date Incorporated or Qualified: 05/31/1990
3a. Date of Last Report: 06/20/1995

2. Principal Place of Business: 21 120 W. Lutz Lake Fern Rd.
Suite, Apt. #, etc: 22
City & State: 23 Lutz, FL 33549
Zip: 24 33549 Country: 25 Hillsborough

2a. Mailing Address: 26 P.O. Box 274210
Suite, Apt. #, etc: 27
City & State: 28 Tampa, FL
Zip: 29 33688 Country: 30 Hillsborough

4. FEI Number: 59-3025676 ☐ 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

ALLEN, DAN
14502 N. DALE MABRY, SUITE 226
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 120 W. Lutz Lake Fern Road, West
83
84 City: Lutz **FL** 85 Zip Code: 33549

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: _____ DATE: 6/28/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ALLEN, DAN	
STREET ADDRESS	4509 GEORGE ROAD	
CITY-ST-ZIP	TAMPA 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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	120 Lutz Lake Fern Road, West	
14 CITY-ST-ZIP	Lutz, FL 33549	
21 TITLE	Vice-President	☐ Change ☒ Addition
22 NAME	Susan Bates-Allen	
23 STREET ADDRESS	120 W. Lutz Lake Fern Road	
24 CITY-ST-ZIP	Lutz, FL 33549	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/28/96 813-948-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #