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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

AMENDED

FILED

DOCUMENT # M05052 (9)						SEDECII AMII: 38			
PENN PROPERTIES GROUP, INC.						Gelder ale a de STATE			
·					1				
Principal Place	of Business	Mailing Address					I HAN HUUN DIANI I	ARII HIII	i Oleki oktob 1601
11000 PLACIE	DA ROAD	3191 CORAL WAY			,				
#2604	2204E	SUTE 405 MIAMI FL 33145							
PLACIDA FL	n a.	US US			•	3. Date Incorporated or Qualified 09/07/1984	3a. Date o	1 Last R	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	1		Applied For
21 2727 5	Sharon Lane	26 2727 Sharon Lane			59-2559990			Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
Cau P. Chalm		City & Chale							Required
City & State Charle	otte, North Carolina	City & State Charlotte, 1	North (arol:	ina	6. Election Campaign Financing Trust Fund Contribution			IO May Be ed to Fees
Zip	Country	Zip	Country		1.110	8. This corporation has liability for i	ntancible tax		
24 28211				JSA	Florida Statutes Yes X No				
	9. Name and Address of Current I	Registered Agent				10. Name and Address of New F	legistered Aq	jent	
			81	Name					
HAUSER, JAMES A.			82	Street	Addres	s (P.O. Box Number is Not Acceptab	He)		
3191 CORAL WAY SUITE 405			83	 					
MIAMI FL 33145			<u> </u>						
militari i f	. 30143		84	City			FL	85 Z	ıp Code
11. Pursuant to	the provisions of Sections 607.0502 ar	nd 607.1508, Florida Statutes	the above-	named co	rporat	ion submits this statement for the pur	pose of chark	ging its	registered office
or registere familiar with	d agent, or both, in the State of Florida. 1. and accept the obligations of, Section	. Such change was authorized i 607.0505, Florida Statutes.	by the corp	ooration's	board	of directors, I hereby accept the app-	ointment as re	gistered	d agent. I am
SIGNATURE	.,								
Shapphen hand or period name of registered agent and title distribution. (NOTE: Heckstered Agen				rit sujisali ise is	er parent w	 	()ATE		
12.	OFFICERS AND L			13.		ADDITIONS/CHANGES TO OFF		OFFICE COLO	OHS IN 12
TETEE	DPT LAMES D	☐ DELETE	I I TITLE		DP'		ХА	Criange	C) Addition
NAME	PENZELL, JAMES P. 11000 PLACIDA ROAD					nzell, James P. 27 Sharon Lane			
STREET ACCORESS	PLACDA FL					arlotte, NC 28211			
CH SLZIP	S	☐ DELETE	2.1 DILE		Cite	RITOCCE, NC 20211		Change	Addition
NAME	HAUSER, JAMES A.		22 NAME				ч	,	3
STREET ADDRESS	3191 CORAL WAY SUITE 405		23 STREE	1 ADDRESS		9000020	1285	0.9	5
CITY ST ZIP	MIAMI FL		2.4 CHY	9K 12		-12/13/ *****6	36010	Æ6	-006
TITLE	VPA	DELETE	3 1 1871 E			*****6	1.25 🕦	老神神神	E D Addition
NAME	PENZELL, DONNA R.	7-	3.2 NAME						
STREET ADDRESS	2717 FOXFIRE ROAD		33 SIRE	F ADDRESS					
CITY ST ZEF	CHARLOTTE FL	Clarity	34 CITY					Charac	T tadion
TITLE		☐ DELETE	4 1 TITLE		VP2		u	Guange	X Addition
HALLE			42 NAME			person, Sheila 27 Sharon Lane			
STREET ADORESS			4.3 STREE	T ADDRESS		arlotte, NC _28211			
CITY ST ZIP		DELETE	5 THILE		<u> </u>	TTOCCE NC ZOZII		Change	Addition
HAMF		J	5 2 NAME				_	-	~
STREET ADDRESS				1 ADORESS	1				
City-St-7IP			54 CITY			~ '	VNU		
TITLE		☐ DELETE	6 1 HILE			N. / DI	YPO	Change	Addition
NAME			6.2 NAME						
STREET ANDRESS			63STREE	T ADDRESS	1				

14. If 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 1 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 eath; that I am an officer or director of the confortation of 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 by spray affectment with an address.

64 CHY ST-ZIP

SIGNATURE:

CHY ST ZIP

James A. Hauser, Secretary 12/8/96 (305) 529-1900