

**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 # **M42198 (5)**

1. Corporation Name  
**PROPELLER SERVICE OF MIAMI, INC.**



Principal Place of Business: **% PAUL E. GAITHER, P.O. BOX 54-0842, OPA LOCKA FL 33054**  
Mailing Address: **% PAUL E. GAITHER, P.O. BOX 54-0842, OPA LOCKA FL 33054**

3. Date Incorporated or Qualified: **11/24/1986**  
3a. Date of Last Report: **02/20/1995**  
4. FEI Number: **59-2741480**  
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**GAITHER, PAUL E.  
11600 NW 14TH COURT  
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 607.0509, Florida Statutes.

SIGNATURE: *Paul E. Gaither* **PAUL E. GAITHER** **18 JAN 96**  
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when re-appointing.) DATE

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME **DP GAITHER, PAUL E.**  
STREET ADDRESS **12960 ALEXANDER AVE**  
CITY-ST-ZIP **OPA LOCKA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul E. Gaither* **PAUL E. GAITHER** **18 JAN 96** **305 688-9439**  
Signature and typed or printed name of signing officer or director. Date and Phone #

CR2E034 (12/95)