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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name M52428

(3)

PROPERTY	PLANNING.	GROUP (OF FLORIDA,	INC.
THULLIII	LAHINA	UNIOUI 1		1110

									<u> </u>
Principal Place	of Business	Malling Address				(18819911 161 BITTO 11811 BIBIT 11891	(814 StSt 6191) C		1 WIGHT WINTE (WD)
7327 BALLANT BOCA RATON		7327 BALLANTRAE CO BOCA RATON FL 3349							
DOOR RAIDN	TE OUTOUTIEU	DOOR INTOIT IE WAR	1450			3. Date incorporated or Qualified 05/20/1987	3a. Date o	of Last I 12/19	
2. Principal Pla	ce of Business	2a. Mailing Address		₩		4. FEI Number	.1		Applied For
21		26				59-2812633			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	-			5. Certificate of Status Desired	\Box		5 Additional
22		27		 .					Required
City & State		City & State	7						00 May Be led to Fees
23	Country	[28]	Co	 ou itry		This corporation has liability for its corporation as the second se	ntandible tay		
Zip 24	Country 25	Zip 29	30), on the		Florida Statutes Yes		CHICOL I	B 100.002
24]	9. Name and Address of Current			┫		10. Name and Address of New R	egistered A	gent	
				81	Name				
ZUCKER	NORMAN			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
	LANTREE COURT				Oli doli 7 ladi				
SUITE 20				83					
	TON FL 33496			84	City			85 2	Zip Code
					•		FL	<u></u>	
11. Pursuant to or registere familiar wit	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid n, and accept the obligations of, Section	and 607.1508, Florida Statu a. Such change was authori on 607.0505, Florida Statute	ites, the at ized by the is.	oove-r corp	named corpor oration's boar	ration submits this statement for the pur rd of directors. I hereby accept the app	pose of chan pintment as re	ging its agistere	registered office ad agent. I am
SIGNATURE _		., ,	***************************************				F1371		
12.	Signature, typed or printed name of registroici agent a OFFICERS AND		OTE Register	_,	il signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND D	DIRECT	ORS IN 12
TITLE	D	DELETE	····	TITLE				Change	
NAME	GOOTRAD, HAROLD	L		NAME					
STREET ADDRESS	7327 BALLANTRAE COURT				ADDRESS				
CHY-SI-ZiP	BOCA RATON FL			CITY-S					
TITLE	D	DELETE .		TITLE				Change	Addition
NAME	ZUCKER, NORMAN P.		2.2	NAME					
STREET ADDRESS	7327 BALLANTRAE COURT		2.3	STREET	ADDRESS				
CITY-ST-7IP	BOCA RATON FL		24	CHY-S	T-ZIP				
TITLE	P3711.113.11.1	() DELETE	3.1	TITLE				Change	Addition
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREE	T ADDHESS				
CITY-ST-7P			3.4	CITY-S	T-ZIP				Proc. 2 - 4-1
111LE		DELETE	4. 1	TITLE				Change	e []] Addition
NAME		•	4.2	NAME					
STREET ADDRESS			4.3	STREET	ADURESS				
CHTY-ST-ZIP		P ^m) Bri P'i C		CITY - 5	1-2P			Change	e
TITLE		DELETE		TITLE	İ			takinge	, Li vaginon
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP		ED DELETE		CITY-S	T-ZIP			Change	e
TITLE		DELETE		TILLE				onangt	, La ridomon
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-S1-ZIP		Call, all the Arthura South Call and Call and Call	64	CITY-S	61-7IP	for the eventation stated in Section 110	07/31/k) Flori	da Stel	tutes I further
14. I do hereb	y certify that the information supplied v	with this tring is voluntarily to	misned an	u 000	s not quality t	for the exemption stated in Section 119	anno logal o	sa Oldi Hoot or	a if roads under

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NORMAN P. ZWKER

#88 | #80 | #81 | #10 | #10 | #10 | #10 | #10 | #10 | #10 | #10 | #10 | #10 | #10 | #10 | #10 | #10 | #10 |