FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000029441 (1)

PROP CENTRAL, INC.

Principal Place of Business	Mailing Address			
1856 WEST AVENUE MIAMI BEACH FL 33139	1856 WEST AVENUE Miami Beach Fl 33139			

FILED Feb 04 1998 8:00am Secretary of State



			,					
Principal Place of Business Mailing Address								
1856 WEST AVENUE 1856 WEST AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139					DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qualified 04/22/1993 			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0427176		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution	Add	.00 May Be ded to Fees	
Į ZIP	Country	Zip	Count	ry	8. This corporation owes or has paid th			
24	25	29	30		Personal Property Tax due June 30.		∐ No	
	g, Name and Address of Cu	rrent Registered Agent	-	1 Name	10. Name and Address of New Registe	ered Agent		
	RRACLOUGH, JULIUS A		°	1 Name				
1856 WEST AVE. MIAMI BEACH FL 33139			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)			
			8	3				
			8	4 City		FL 85	Zip Code	
l office or ri	ealstered agent, or both, in the S	0502 and 607.1508, Florida Statut tate of Florida Such change was bligations of, Section 607.0505, Fl	authorized l	by the corpora	poration submits this statement for the purporation's board of directors. I hereby accept the	ose of changir e appointmen	ng its registered it as registered	
SIGNATURE	Stonature, typed or printed name of registere	ION) ektabilique li eliti bos trege b	Ł Registered A	gent signature requ	uirod when reinstating) D	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIREC	TORS IN 12	
TITLE	D	☐ DELETE	1,1 TITLE			Char	nge 🔲 Addition	
NAME	PIERCE, WILLIAM		1.2 NAMI	E				
STREET ADDRESS	1858 WEST AVE.		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY	-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Char	nge 🔲 Addition	
NAME	BARRACLOUGH, JULIUS .	A	2.2 NAMI	E				
STREET ADDRESS	1856 WEST AVE.		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139		2. 4 CITY	-ST-ZIP				
TITLE	D	☐ DELETE	3.1 ¥(1LE			Char	nge 🔲 Addition	
NAME	BERG, VICKI		3.2 NAM	E				
STREET ADDRESS	1856 WEST AVE.		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL		3.4. CITY	'- S1 - ZIP				
TITLE		☐ DELETE	4.1 ¥01£6			L Char	nge L Addition	
NAME			4. 2 NAM	IE]			j	
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	- ST - ZIP	<u> </u>			
TITLE	·	☐ DELETE	5.1 1(1).6	.		Char	nge 🔲 Addition	
NAME			5.2 NAM	ε			j	
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	- \$1 - ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Char	nge 🔲 Addition	
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-7IP			6.4 C(TY	- ST- ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 12 or Block 13 if changed, or on an attachment with an address.