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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

**DIVISION OF CORPORATIONS** P93000041215 (3) **DOCUMENT #** 

1. Corporatio	· -	•	•				
PENN	Y PROPERTIES, INC.				I IAANSAI NA KAMBANA ANN AANN AANN	Ballia Bêşir Arbei	11814 (2001 2188) (2011 188)
Principal Place of Business Mailing Address							
8000 W OAK Sunrise Fl	KLAND PARK BLVD 33313	6000 W OAKLAND PARK BLVD SUNRISE FL 33313					
					3. Date Incorporated or Qualified 06/09/1993		f Last Report 01/1995
	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21		26	.1		65-0443693	<b>65-0443693</b> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		Orty & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country 25	Z <sub>I</sub> p <b>29</b>	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes.   ✓ Yes   No		
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New R	egistered Ag	ent
CHALICH, WILLIAM 6000 W OAKLAND PARK BLVD				Name Street Ado	dress (P.O. Box Number is Not Acceptab	le)	
	E FL 33313		83				···········
			84	City			85 Zip Code
11. Pursuant to register familiar si	to the provisions of Sections 607,050? ed aright, or both, ighnely rate of Floring and accept the of light lons of, Sect	ori 607.0505 Florida Statut 9-19-91	es.	zranori a Bog	oration submits this statement for the purp and of directors. Thereby accept the appo	pose of chang pintment as rec	Ing its registered office gistered agent. I am
12.	OFFICERS AND	DIRECTORS	Will: Registered Agen	Styliative terjule	ADDITIONS/CHANGES TO OFF	DA'E	IDECTORS to as
TITLE	Р	DELETE	1 1 TIFLE		ADDITIONS/CHANGES TO OFF		Change
NAME	CHALICH, PENNY		1.2 NAME			' لسا	200 igo [] had (itti)
STREET ADDRESS 7510 CYPRESS HEAD DR E			13 STREET	ADDRESS			

PARKLAND FL CHTY - ST - ZIP 1.4 CITY - \$1 - ZIP ☐ DELETE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY-ST ZIP 2 4 CITY - ST - ZIF TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY - ST - ZIP 3.4 CITY - \$1 - ZiF TITLE DELFIE 4 1 THE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 THEF ☐ Change ncitibbA [ NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIF TITLE DF1 E1E € I TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CHY ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quarty for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report is rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or three long the conclusion or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or BOX. 13 in panaged of a partitionment with an address.

SIGNATURE:

4-19-96 954-742 4182 Daytore Prese #

CR2E034 (12/95)