

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 5-1-96

B-5931

C

DOCUMENT # P93000078986 (5)

1. Corporation Name

ACTION PRO REALTY, INC.



Principal Place of Business

Mailing Address

10422 TAFT ST.
PEMBROKE PINES FL 33026
US

10422 TAFT ST.
PEMBROKE PINES FL 33026
US

3. Date Incorporated or Qualified
11/16/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 9050 Pines Boulevard

2a. Mailing Address

26 9050 Pines Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 450

27 Suite 450

City & State

City & State

23 Pembroke Pines, FL

28 Pembroke Pines, FL

Zip

Zip

24 33024

29 33024

Country

Country

US

US

Country

US

4. FEI Number
65-0448810

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDEZ, WILLIAM J
10422 TAFT ST.
PEMBROKE PINES FL 33026

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)
9050 Pines Boulevard, Suite 450

83

84 City PEMBROKE PINES FL 85 Zip Code 33024

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME VALDEZ, WILLIAM J
STREET ADDRESS 510 NW 89TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE VST ☐ DELETE
NAME VALDEZ, WILLIAM J
STREET ADDRESS 510 NW 89TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/96 (954) 430-0190

CR2E034 (12/95)