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

PROFIT CORPORATION ANNUAL REPORT

NEW YORK PROPERTY SYSTEMS, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS 1997 DOCUMENT # P9400007596 (7)

FILED Jan 29 1997 8:00am Secretary of State

Principal Place of Business				Mailing Address				I CONTINUE TEN INTERNATIONAL SOUND SOUND BOTH BOTH CONTINUES BLIND HOUSE DAIL INNE
8941 STERLING LN PORT RICHEY FL 34668				8941 STERLING LN PORT RICHEY FL 34888-4928				
							3. Date Incorporated or Qualified 3a. Date of Last Report 01/31/1994 03/01/1996	
2. Principal	Place of Busine	2a. M.	2a. Mailing Address				4. FEI Number Applied For	
21		26	· • · · · · · · · · · · · · · · · · · ·				59-3243596 Not Applicable	
Suite. Ar	ot. # leto.	27 St	. 				5. Certificate of Status Desired See Required Fee Required	
City & St	late	28 Ci	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zıp				Zip Cou				8. This corporation has liability for intengible tax under s. 199.032,
24		25 29 30						Florida Statutes Yes No
9, Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC.						81	Name	
1201 HAYS ST.						82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301						83		
64						84	City	FL 85 Zip Code
l office o	or registered age I am familiar with	ris of Sections 607, nt, or both, in the S n, and accept the o	tate of Florida	Such change was ection 607,0505, Fl	authorize lorida Sta	ed by tutes	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
	Signature, typed o		nt and trite if applicable (NOTE: Registered Agent signature requ			ent signature re		
12.	P	OFFICERS	AND DIRECTO	DELETE	13. 1.1 Y	ITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME		VIIDT A		DECEME	1.1 A		1	
STREET ADORES	KRAMER, KURT A 8941 STERLING LANE						ADDRESS	
CITY-S1-ZIP	PORT RICI					IT- ZIP		
TITLE	1011111101	The F T be		DELETE	2.1 1		11- 211	Change Addition
NAME					2.2 N			
STREET ADDRES	ss]						ADDRESS	
CITY-ST-ZIP					2 41	CITY-	SY-ZIP	· '
TITLE				DELETE	31T	ITLE		Change Addition
NAME					32 N	IAME		
STREET ADDRES	SS .				338	TREET	ADDRESS	
CITY - ST - ZIP					3 4. 1	CITY-	ST-ZIP	
TITLE				☐ DELETE	4.1 T	TTLE	-	Change Addition
NAME					4.21	NAME	- 1	
STREET ADDRES	SS				4.3 \$	TREET	ADDRESS	
CITY-ST-ZIP				T cores		******	T-ZIP	
TITLE				DELETE	5.1 T			Change Addition
NAME						NAME		
STREET ADDRES	SS I				5.3 5	TREET	ADDRESS	

14. I do 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 it 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 one an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

Addition