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

Mailing Address

8941 STERLING LN

PORT RICHEY FL 34868

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

8941 STERLING LN

PORT RICHEY FL 34668



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400007596 (7)

NEW YORK PROPERTY SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/31/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3243596 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes ΠNο 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLUNT, RICHARD & ESQ. 1311 N. CHURCH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33807** 83 84 City Zip Code 85 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, typed or printed name of registered against and title if applicable (NOTE: Registered Agent signsture required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1111116 KRAMER, KURT A NAME 1.2 NAME 8941 STERLING LANE STREET ADDRESS 1.3 STREET ADDRESS PORT RICHEY FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE Change Addition 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CHY-ST-ZIP DELETE Change Addition TITLE 51 THUE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CATY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP 14. Thereby 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 eath; 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 13 if chapter 60 and attachment with an address.

1/30/97

**FILED** 

Feb 06 1998 8:00am

Secretary of State