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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P94000 DITE PROPERTIES, INC.	Mailing Address					
644 S.E. 4TH AVE. FT. LAUDERDALE FL 33301		644 S.E. 4TH AVE. FT. LAUDERDALE FL 33301-3102					
	, no. 1 - 4444			9	Date Incorporated or Qualified	3a. Date of Last F	Percet
					02/01/1994	05/01/1996	ioport
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For		pplied For
21 Suite Act # ale		26					ot Applicable
Suite, Apt #, etc. 22 27		Suite, Apt. #, etc.			Certificate of Status Desired	T	Additionat equired
City & State City & State				6.	Election Campaign Financing		May Be
23		26		- 1	Trust Fund Contribution		to Fees
Zip	Country	Z <sub>i</sub> p	Country	8.	This corporation has liability for i	ntangible tax under :	s. 199.032,
24	25	[29]	30]			Yes No	
	<ol><li>Name and Address of Currel DGES, PERRY W JR ESQ.</li></ol>	nt Hegistered Agent	B1 Nam		Name and Address of New Re	gistered Agent	
644 FT.	83 84 City		O. Box Number is Not Acceptab	FL 85 Zip	Code		
11. Pursuant office or r agent. La SIGNATURE	to the provisions of Sections 607.056 registered agent, or both, in the State are familiar with, and accept the oblig		utes, the above-names authorized by the confidence Statutes.  OTE: Registered Agent signa			urpose of changing the appointment as	its registered registered
12.	OFFICERS AN	D DIRECTORS	13.	A	DDITIONS/CHANGES TO OFFIC		
TITLE	P DEMARKA MINUAEL I	☐ DELETE	1 1 TITLE	1		Change	L_ Addition
NAME STREET ADORESS	DEMARAY, MICHAEL J	JRT-	1.2 NAME 1.3 STREET ADDRES	s 1225	EAST LAKE D	RIVE	-94-1
CHY-ST-ZIP	- <del>Lighthouse point Pl-</del>	DELETE	1.4 CITY - ST - ZIP	FORT	LAUPER PACE,	P C 37310	Addition
NAME	DEMARAY, SANNIE Y	L.J DECETE	2.1 TITLE 2.2 NAME			Change	Magagan
STREET ADDRESS	2365 NORTHEAST 30TH COL	2.3 STREET ADDRES	. 1225	EAST LAKE DA	LIVE		
CITY - \$1 - 7IP	HIGHTHOUSE POINT FL-		2. 4 CITY-ST-ZIP		LAUPERDALE,		-2401
THE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET ADDRES	is			,
CHTY-ST-Z#			3 4. CITY - ST - ZIP				·
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	# -		4. 2 NAME	-			
STREET ADORESS			4.3 SYREET ADDRES	is			
CHY-ST ZIP		I postr	4.4 CITY-ST-ZIP	_		[] Observe	T A dare
10 LF		DELETE	5.1 TITLE	Ì		☐ Change	Addition
NAME ADDIEST ADDIESCO			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRES	22			
CITY - S1 - ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	<del></del>		Change	Addition
NAME		La velett	6.2 NAME			Last Visiting	riduitibli (
STREET ADDRESS			6.3 STREET ADDRES	SS			

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 I am an officer or director of the corporation or the receiver or troatee 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.

6.4 City-St-ZIP

SIGNATURE:

**FILED** 

May 13 1997 8:00am

Secretary of State