

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000022483 (9)**

1. Corporation Name

**PROPER FINANCING, INC.**



Principal Place of Business

Mailing Address

**2720 NE 8TH AVE  
UNIT 7  
WILTON MANORS FL 33334**

**2720 NE 8TH AVE  
UNIT 7  
WILTON MANORS FL 33334**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

**03/21/1994**

3a. Date of Last Report

**04/10/1995**

4. FEI Number

**65-0480697**

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

**BLACKMAN, MARK  
2720 NE 8TH AVE  
UNIT 7  
WILTON MANORS FL 33334**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 the corporation

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

11 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**D**

**BLACKMAN, MARK**

**2720 NE 8TH AVE UNIT 7**

**WILTON MANORS FL 33334**

12 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

15 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

16 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

17 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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:

*Robert Santorelli* **ROBERT SANTORELLI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 568 0000

Daytime Phone #

CR2E034 (12/95)