

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90068 021 ***150.00

DOCUMENT # *P 94000022483 (9)*

1. Corporation Name

PROPER FINANCING INC

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/94

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 *9725 N NEW RIVER CANAL RD*

Suite, Apt. #, etc.

22 *427*

City & State
PLANTATION FL

Zip Country

24 *33324*

25

2a. Mailing Address

26 *9725 N NEW RIVER CANAL RD*

Suite, Apt. #, etc.

27 *427*

City & State
PLANTATION FL

Zip Country

29 *33324*

30

9. Name and Address of Current Registered Agent

BLACKMAN, MARK
2720 NE 8 AVENUE #7
WILTON MANORS FL 33334

10. Name and Address of New Registered Agent

81 Name

BLACKMAN, MARK

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

9725 N NEW RIVER CANAL RD #427

83

84 City

PLANTATION

FL

85 Zip Code

33324

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE *D* ☐ DELETE

NAME *BLACKMAN, MARK*

STREET ADDRESS *2720 NE 8 AVENUE #7*

CITY-ST-ZIP *WILTON MANORS FL 33334*

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 *D* ☒ Change ☐ Addition

1.2 NAME *BLACKMAN, MARK*

1.3 STREET ADDRESS *9725 N NEW RIVER CANAL RD #427*

1.4 CITY-ST-ZIP *PLANTATION FL 33324* ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK BLACKMAN

4/12/99 954-723 0001

Date

Daytime Phone #

CR2E034 (11/98)