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

1. Corporatio	MENT # P940 IIER PROPERTIES, INC.	00032895	(2)				
Principal Place		Maller Add		<u></u>			
8204 GRAND PALM BLVD. PANAMA CITY BEACH FL 32408		Mailing Address 8204 Grand Palm Blyd. PANAMA CITY BEACH FL 32408			inn an nir anind frif n (4 00	i ransa sakat anih nkat	
					3. Date Incorporated or Qualified 05/02/1994	3a. Date of Last 07/07/	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	<u> </u>	Applied For	
Suite, Apt. #, etc.		26			59-3239045		Not Applicable
22		F	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	5 Additional
City & State		City & State		6. Election Campaign Financing	Fee	Required	
23	***************************************	28			Trust Fund Contribution		00 May Be led to Fees
Zip 24	Country	Zip	Country	,	8. This corporation has liability for i	ntangible tax under	s 199.032,
24]	25 25 9. Name and Address of Curre	29 30 Address of Current Registered Agent			Florida Statutes Yes	No No	
***************************************		The state of Agent	81	Name	10. Name and Address of New R	egistered Agent	
THOMPSON, BONNI P 8204 GRAND PALM BLYD.				Ì			
			82 Street Ad		ress (P.O. Box Number is Not Acceptab	(e)	
Panai	MA CITY BEACH FL 32408		83				
			84	Crty		—. 85 7	ip Code
11. Pursuant t or register familiar wit	o the provisions of Sections 607,050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	2 and 607.1508, Florida Sta ida. Such change was autho tion 607.0505, Florida Statu	tutes, the above-r prized by the corp tes.	named corpor oration's boa	ration submits this statement for the pur rd of directors. Thereby accept the appo		
SIGNATURE _	Signature, typed or printed name of regioned ager	the of the department					
12.	OFFICERS AND DIRECTORS		(NOTE: Bugistered Agen	t signature require		DATE	
TITLE	AND I GIANTO I LICHT DE ID.		1.1 Tille	Ī	ADDITIONS/CHANGES TO OFFIC	Change	
NAME			1.2 NAME			Lang Orkings	
STREET ADDRESS			13 STREET.	ADDRESS			
CITY-ST-ZIP TITLE	PANAMA CITY BEACH FL 32408		14 CHY- \$1	r-ZIP			
NAME	D ELETE THOMPSON, BONNI P		2 1 1171.6			Change	Addition
STREET ADDRESS	8204 GRAND PALM BLVD.		2.2 NAME	4 Follow and			İ
CITY - ST - ZIP	PANAMA CITY BEACH FL 32408		2.3 STREET :	i			
TITLE	[] DELETE		3.174(6	· z.ir		[] Change	C Addison
NAME			3.2 NAME			£_J Change	Addition
STREET ADDRESS			33 SIRSET	ADDRESS			ĺ
CITY-ST-ZIP TITLE		Prog. p.a. area	3.4 C(TY+ST	- ZIP			
NAME		[]] DELETE	4 1 TITLE			Change	Add tion
STREET ADDRESS		4	4.2 NAME				
DITY-ST-ZIP			4.3 STREET A	,			
TITLE		[] DELETE	4.4 CITY - ST- 5 1 TITLE	- ZIP		<u> </u>	
NAME		<u></u>	5.2 NAME			Change	Addition
STREET ADDRESS			5.3 STREET A	DDRESS			}
CHTY-ST-ZIP			5.4 CITY - ST-				
TITLE		DELETE	6 1 TITLE		Ab Maring and the state of the	Change	Addition
NAME STREET ADDRESS			62 NAME				
CITY-ST-ZIP			63 STREET A				1
	certify that the information supplied y	with this fitness is such as to the	E.4 CITY - ST-	ZIP			ļ

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), Frorida 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 cath; 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 challed or on an attachment with an address.

SIGNATURE SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING PICER OR DIRECTOR D. Thompson 5/14/91 (94) 233-0879

22E024 /12/05\