

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000054799 (9)

1. Corporation Name

PROPERTIES NO. 5, INC.

Principal Place of Business

% CORPORATE DEVELOPMENT CORP
4340 W HILLSBOROUGH AVE
TAMPA FL 33614

Mailing Address

% CORPORATE DEVELOPMENT CORP
4340 W HILLSBOROUGH AVE
TAMPA FL 33614



2. Principal Place of Business		2a. Mailing Address	
21 c/o Boulder Venture	26 c/o Boulder Venture		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 330 E. Kilbourn Ave #1454	27 330 E. Kilbourn Ave #1454		
City & State		City & State	
23 Milwaukee, WI 53202	28 Milwaukee, WI 53202		
Zip	Country	Zip	Country
24 53202	25 USA	29 53202	30 USA

3. Date Incorporated or Qualified 07/25/1994	3a. Date of Last Report 04/14/1995
4. FEI Number APPLIED FOR 39-1816029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDOBA, STEPHEN M
101 E KENNEDY BLVD
SUITE 3700 BARNETT PLAZA
TAMPA FL 33602

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 time if applicable

NOTE: Registered Agent's signature required when submitting

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCMIDT, ROBERT E JR	1.2 NAME	
STREET ADDRESS	4340 WEST HILLSBOROUGH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33614	1.4 CITY - ST - ZIP	
TITLE	VPST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, ROBERT E III	2.2 NAME	
STREET ADDRESS	4340 WEST HILLSBOROUGH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33614	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COIA, DAVID	3.2 NAME	
STREET ADDRESS	4340 WEST HILLSBOROUGH AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33614	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 or person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert E. Schmidt, III

April 22, 1996 414-271-5385

Date

Daytime Phone #

CR2E034 (12/95)