

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000055535 (6)**  
1. Corporation Name

**EXCLUSIVE PROPERTY MANAGEMENT, INC.**



Principal Place of Business: **7240 LOX ROAD, POMPANO BEACH FL 33067**  
Mailing Address: **1280 SW 36 AVE, SUITE 301, POMPANO BEACH FL 33069, US**

3. Date Incorporated or Qualified: **07/27/1994**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0522826**  
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

2. Principal Place of Business: **1280 S.W. 36TH AVE, SUITE, Apt. #, etc. 301, Pompano Beach, FL 33069**  
2a. Mailing Address: **1280 SW 36 AVE, SUITE 301, POMPANO BEACH FL 33069, US**  
26. Suite, Apt. #, etc.:  
27. City & State:  
28. Zip: **33069** Country: **US**

9. Name and Address of Current Registered Agent:  
**LAMBERTUS, ARTHUR W  
2929 EAST COMMERCIAL BLVD.  
SUITE 604  
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent:  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of person providing information (see instructions on page 2) Signature of Registered Agent (signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAGEL, DANNY D</b>	1.2 NAME	
STREET ADDRESS	<b>1280 SW. 36 AVE, SUITE 301</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUBERG, NEIL</b>	2.2 NAME	
STREET ADDRESS	<b>1280 SW 36TH AVE, SUITE 301</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D PRESIDENT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAPITA, PAUL I</b>	3.2 NAME	<b>SAPITA, PAUL I.</b>
STREET ADDRESS	<b>6904 N.W. 33RD TERRACE</b>	3.3 STREET ADDRESS	<b>1280 SW 36 AVE SUITE 301</b>
CITY - ST - ZIP	<b>FORT LAUDERDALE FL 33309</b>	3.4 CITY - ST - ZIP	<b>POMPANO BEACH, FL. 33069</b>
TITLE	<b>V.P.</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT OUELLET</b>	4.2 NAME	<b>ROBERT OUELLET</b>
STREET ADDRESS	<b>1280 SW 36 AVE SUITE 301</b>	4.3 STREET ADDRESS	<b>1280 SW 36 AVE SUITE 301</b>
CITY - ST - ZIP	<b>POMPANO BEACH, FL. 33069</b>	4.4 CITY - ST - ZIP	<b>POMPANO BEACH, FL. 33069</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or in an attachment with my address.

SIGNATURE: **Paul I. Sapita** **PAUL I. SAPITA** **4/29/96** **954-969-1330**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

CR2E034 (12/95)