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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	ROPERTIES, INC.	UU57448 (U)				A BANTA MARIA BARAN KARAN KARAN
Principal Place of Business		Mailing Address	Mailing Address			
230 ROYAL PALM EAY PALM BEACH FL 33480		PO BOX 3243 PALM BEACH FL 33480		DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualified	III OI NOL
6 Principal D	Inch of Duciness	2a. Mailing Address			07/28/1994 4. FEI Number	
2. Principal Place of Business 21		26		65-0512625	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	28 Zip	Zip Country		8. This corporation owes or has paid the current year Intangible	
24	25 2. Name and Address of Curre	nt Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
. VE	_ 	ut vodisteren våent	81	Name	10. France and Address of Now Hegister	- Agent
KEITEL, FREDERICK J III 1494 N. LAKE WAY			82 Street /	Street Add	dress (P.O. Box Number is Not Acceptable)	V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-
PAI	LM BEACH FL 33480		83			
			84	City		85 Zip Code
						-L
SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature typed a protect name of recistered ap				orporation submits this statement for the purposition's board of directors. I hereby accept the	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	0	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME OTRET ADDRESS	KEITEL, FREDERICK J I PO BOX 3243		1.2 NAME	LODDE OA	N/A	
STREET ADDRESS	PALM BEACH FL		1.3 STREET ADDRESS		7 1 2 1	
CITY-ST-ZIP	PACE DEACTIFE	DELETE	2.1 THTLE	1-ZIF		Change Addition
NAME			2.2 NAME	Ì		
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY - S	ST-ZIP	•	
TITLE		☐ DELETE	3.1 TITLE		• *	. Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4. CITY - 5	ST-ZIP		
TITLE		DELETE	4.1 717L€			L Change L Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	1		
CITY-ST-ZIP TITLE		DELETE	4.4 City - S 5.1 Title	1 - ZIP		Change Addition
NAME	- Attit		5.1 HILE 5.2 NAME			change notined
STREET ADDRESS	•		5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	1		
TITLE			6.1 TITLE			Change Addition
NAME		-	6.2 NAME	1		
STREET ADDRESS			6.3 STREET	ADDRESS		

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 object and in a large 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 object and that my name appears in Block 12 or Block 13 if changed or on in all at ment with an address.

FILED

Apr 28 1998 8:00am

Secretary of State