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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUN 1. Corporation DRENN	MENT # P94000 NAME  IAN PROPERTIES, INC.	0065923 (2	2)				
Principal Place	of Business	Mailing Address			-   FUEDANDE HAU JUIN BION UUNI DEN	QQ\$   QQ  Q BI Q	1818   PART   111   1881   1881
317 NELSON RD. BRYSON CITY NC 28713		317 NELSON RD. BRYSON CITY NC 28713					
					3. Date Incorporated or Qualified 09/02/1994	3a. Date of La 05/23	
2. Principal Pla	ce of Business	2a. Mailing Address 26			4. FEI Number  - APPLIED FOR: 56	-1925265	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	.75 Additional ee Required
City & State		City & State			6. Election Campaign Financing	_ \$	5.00 May Be
3		28			Trust Fund Contribution		dded to Fees
<i>Z</i> ip :4	Country 25	Zір <b>29</b>	Gountry 30			. □ No	
<del></del>	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New F	registered Agent	<u></u>
SIEGLE, LIZA M 1401 E. BROWARD BLVD. SUITE 206 FT. LAUDERDALE FL 33301			82 83	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)	Zip Code
or registere familiar with SIGNATURE	od agent, or both, in the State of Florid n, and accept the obligations of, Section agenture, typed or princo name of registered agent a	a. Such change was authori on 607.0505, Florida Statute and tito Tappicable (N	zed by the corp is. 1972: Bigistara Aga	oration's boa		DALE	ereo agent. i am
12.	OFFICERS AND	DIRECTORS  DELETE	13.	1	ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	
TITLE NAME	DRENNAN, MARJORIE P	☐ beceit	1. 1 THUE 1.2 NAME			[] 0.0	ige
STREET ADDRESS	317 NELSON RD.		1.3 STREET	ADDRESS			
CITY-ST-ZiP	BRYSON CITY NC 28713		1.4 C/TY-S	iT-ZiP			
NAME STREET ADDRESS	ST Drennan, Marjorie P 317 Nelson RD.	☐ DELFTE	2 1 TITLE 22 NAME 23 STREET	ADDRESS		☐ Cha	nge 🗍 Addition
CITY-ST-ZIP	BRYSON CITY NC 28713	E3 on se	2 4 CITY - S	31-7₽		Cha	nge
Title Name Street address		☐ DELETE	3 1 117LE 3 2 NAME 3 3 STHEE	T ADDRESS			
CITY-ST-ZIP			3.4 CITY - 5				
TITLE		DELETE	4 1 101 ( F			☐ Cha	nge 🔲 Addition
NAME			4.2 NAME	LADDRES			
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		DELETE	5 1 THILE	31 - ZIF		Cha	nge 🔲 Addition
NAME		<u></u>	5.2 NAME				
STREET ADDRESS			5 3 STREE	ADDRESS			
CITY-S1-ZIP			5.4 Ci1Y-1	ST ZIP			
TOLE		DELETE	6 1 TITLE			☐ Cha	nge 🔲 Addition
NAME			6.2 NAME				
STREE1 ADDRESS			6.3 STREE	į.			
CITY-ST-ZIP	and the state of t	oitis tide Elien in trail meanit. 4	6 4 City - S	S1-ZIF	for the exemption stated in Section 119	07/31/k) Flords S	tatutes Hurthor
certify that oath: that I	the information indicated on this annu	al report or supplemental an ration or the receiver or trust	inual report is tr see empowered	ne and accura	for the exemption stated in section to the after and that my signature shall have the fis report as required by Chapter 607, F	: Sa ne ledar eneca	as i made under

SIGNATURE: SIGNATURE AND TYPO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 704-488 2840