

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 NOV 12 AM 9 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000001379 (3)

1. Corporation Name

PROPER ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

P O BOX 403755
MIAMI BEACH FL 33140

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MIAMI BEACH FL 33140

REINSTATEMENT

3. Date Incorporated or Qualified 01/06/1985
3a. Date of Last Report

4. FEI Number
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

2a. Mailing Address

21. SAME

26. 2165 S.W. 47th ST

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. Ft Lauderdale FLA

24. Zip

25. Country

29. Zip

30. Country

24. 33312

29. 33312

30. BROWARD

9. Name and Address of Current Registered Agent

SCHWARTZ, GERALD K
1428 BRICKELL AVE
SUITE 208
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name ISAAC BERMAN
82. Street Address (P.O. Box Number is Not Acceptable) 2165 S.W. 47th ST
83. City FT LAUDERDALE FL
84. Zip Code 33312

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT

9/1/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME BERMAN, ISAAC
STREET ADDRESS P O BOX 403755 N/A
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
400002010154-5
-11/20/96--01100--003
\$\$\$375.00 \$\$\$375.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 617, 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

8/30/96 (24) 294 9188