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

P95000038980 (5)

WHITEHALL PROPERTIES ASSOCIATES, INC.

Principa! Place of Business

DOCUMENT #

Mailing Address



1010 E. LOUISIANA AVE. 1010 E. LOUISIANA / TAMPA FL 33603 TAMPA FL 33603		AVE.				
				3. Date Incorporated or Qualifier 05/17/1995	d 3a. Dat	e of Last Report
2. Principal Place of Business 21 1010 F. Louisiana Ave 26	a. Mailing Address P. O. Box	× 3/5	53	4. FEI Number 59 33/42	89	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired		\$8.75 Additional Fee Required
City 8 State 23 Tampa FL 28	City & State	F		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
A 33603 25 VSA 29	33601	Country 30	,	This corporation has liability for Florida Statutes		ax under s 199.032,
g. Name and Address of Current Reg	Istered Agent	1		10. Name and Address of New	Registered	Agent
4		81	Name			
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE			82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134		83				
		84	City		FL	85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 6 or registered agent, or both, in the State of Florida. Su familiar with, and accept the obligations of, Section 60 	ch change was authorize	ed by the corp	named corpo oration's boa	oration submits this statement for the part of directors. I hereby accept the a	ourpose of ch opointment as	anging its registered office registered agent. I am
SIGNATURE Signature, typed or pricied name of registered agent and title		L. Registereo Age	nt signature require	ed when reinstating)	DATE	
12. OFFICERS AND DIRE		13.		ADDITIONS/CHANGES TO O		
TITLE PTD	DELETE	1. 1 TIFLE				Change Addition
NAME TRAUGOTT, DANIEL H		1.2 NAME				
STREET ADDRESS 1010 E. LOUISIANA AVE.		1.3 STREE	ADDRESS			
CITY-ST-ZIP TAMPA FL 33603		1.4 CITY - :	ST - 21P			
TITLE VSD	□ D€LÉTE	2 1 TITLE				Chang: Addition
NAME WHITE, JAMES A		2 2 NAME				
STREET ADDRESS 1010 E. LOUISIANA AVE.		2.3 STREE	ADDRESS			
CITY-SE-ZIP TAMPA FL 33603		2 4 CiTY-1	ST - ZIP			
TRUE	☐ DELETE	3. 1 TITLE				Change Addition
NAME		3 2 NAME				
STREET ADDRESS		3 3 STREE	T ADDRESS	0000010	,,	100
CITY-ST-7IP		3 4 CiTY-1	ST-ZIP	8000018	LOOK O	1.0
TITLE	☐ DELETE	4. 1 TITLE		05/04/960:	:::::::::::::::::::::::::::::::::::::	Change Addition
NAME		4.2 NAME		***280.00		
STREET ADDRESS		4.3 STREE	ADDRESS			Cita
CITY-SI-ZIP		4.4 CiTY-	ST-ZIP	_	- 1	-90 I
TITLE	DELETE	5 1 TITLE				Change Addition
NAME	_	5 2 NAME		_)	₽
STREET ADDRESS			ADDRESS	_		I
City-Si-ZiP		5.4 CITY - :			9	į
TITLE		6 1 TITLE	21 611			Change Addition
NAME	DELETE					
	DELETE				'	
	[] DETEIR	6 2 NAME	ADDRESS		'	
STREET ADDRESS C/1Y-ST-Z/P	["] DETEIF				'	

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 I changed or on an attachment with an address.

GNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Capture Proces

SIGNATURE: