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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Aug 11 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P95000038980** (5)

WHITEHALL PROPERTIES ASSOCIATES, INC.

Principal Place of Business Mailing Address					ISAILDBI FIB SOLDE BUILL OPILE PREIL COLLE	<b>, ,</b> , , , , , , , , , , , , , , , , ,	\$511 (851
1010 E. LOUISIANA AVE. TAMPA FL 33603		PO BOX 3153 TAMPA FL 33601-3153					
					3. Date Incorporated or Qualified 05/17/1995	3a. Date of Last F 05/01/1996	Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	·····	pplied For
21		26			59-3314289 Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required			
City & State		City & State					
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		Zip			8. This corporation has liability for intangible tax under s. 199.032.		
24	25 29 30		30	Florida Statutes			
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	Istered Agent	
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD				Name			
343 ALMERIA AVENUE			82	Street Address (P.O. Box Number is Not Acceptable)			
COR	AL GABLES FL 33134						
			B3				
			84	City		<b>85</b> Zip	Code
						FL S	
office or r agent. I a	to the provisions of Sections 607,050 egistered agent, or both, in the State im familiar with, and accept the oblig	ne and 607.1508, Florida Statute: of Florida. Such change was at ations of, Section 607.0505, Flor	s, the abov uthorized by rida Statute	e-named corp y the corpora s.	poration submits this statement for the pution's board of directors. I hereby accep	urpose of changing the appointment as	is registered registered
SIGNATURE							
12.	Signature, typed or printed harne of registered ago	ont and little if applicable (NOTE D DIRECTORS	Fiegistered Ag	ent signature requ	red when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	DC IAI 12
TITLE	PTD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	TRAUGOTT, DANIEL H		1.2 NAME				
STREET ADDRESS	1010 E. LOUISIANA AVE.		1.3 STREET	AUDBESS			
CITY-ST-ZIP	TAMPA FL 33603		1.4 CITY-5				
TITLE	VSD	DELETE	2.1 TITLE	71 2.11		☐ Change	Addition
NAME	WHITE, JAMES A		2.2 NAME				
STREET ADDRESS	1010 E. LOUISIANA AVE.		2.3 STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL 33603		2. 4 DITY-	ST-ZIP			
TITLE	☐ DELETE 31		3 1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY -	ST-ZIP			
TITLE		L_] DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		Drutte	4.4 CITY - 9	ST-ZIP		□ 0b	14400
TITLE		☐ DELETE	5.1 TITLE			L Change	Addition
NAME			5.2 NAME				
STREET ADORESS			5.3 STREET				
CITY-ST-ZIP		☐ DELETÉ	5.4 CITY - 9	ot - ZIP		Change	Addition
TITLE			6.1 TITLE 6.2 NAME			C) Orientige	
NAME etocet annocce			6.3 STREET	ADDRESS			
STREET ADORESS							
14. I do heret	by certify that the information supplie	d with this filling does not qualify	6.4 CITY-S	motion state	d in Section 119.07(3)(i), Florida Statutes	. I further certify that	the
informatio	in indicated on this annual report or s fficer or director of the corpora <u>tion or</u>	supplemental annual report is tru the reseiver or trustee empowe	red to exec	urate and tha cute this repo	t my signature shall have the same legal of as required by Chapter 607, Florida St	effect as if made ur atules; and that my	nder oath; that name