

FILE NOW: FILING FEE AFTER MAY 1 IS \$200.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000062321 (1)

1. Corporation Name

FLICK PROPERTY MANAGEMENT CORP.



Principal Place of Business

Mailing Address

~~7000 W PALMETTO PARK RD
SUITE 402
BOCA RATON FL 33433~~

~~7000 W PALMETTO PARK RD
SUITE 402
BOCA RATON FL 33433~~

2. Principal Place of Business

2a. Mailing Address

21 1140 HOLLAND DRIVE

26 1140 HOLLAND DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #12

27 #12

City & State

City & State

23 BOCA RATON, FL.

28 BOCA RATON, FL.

Zip

Country

Zip

Country

24 33487

25 PALM BEACH

29 33487

30 PALM BEACH

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/14/1995

3a. Date of Last Report

4. FFI Number

65-8602706

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

10. Name and Address of New Registered Agent

81 Name
JON D. BLAKESBERG

82 Street Address (P.O. Box Number is Not Acceptable)

40 BLAKESBERG & COMPANY CPAS

83 951 S.W. FOURTH AVENUE

84 City
BOCA RATON

FL

85 Zip Code
33432

11. Pursuant to the provisions of Sections 607.0507 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 provisions of, Section 607.0515, Florida Statutes.

SIGNATURE

[Signature]

Date of Agent's Signature

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	GREENFIELD, STEVEN B	
STREET ADDRESS	7000 W PALMETTO PARK RD. SUITE 402	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENFIELD, STEVEN B	
STREET ADDRESS	7000 W PALMETTO PARK RD. SUITE 402	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHAEL HACKNER	
1.3 STREET ADDRESS	1140 HOLLAND DRIVE #12	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
2.1 TITLE	POLA HACKNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	POLA HACKNER	
2.3 STREET ADDRESS	1140 HOLLAND DRIVE #12	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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

[Signature]
MICHAEL HACKNER

CR2E034 (12/95)