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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000062321 (1)

FLICK PROPERTY MANAGEMENT CORP.

Principal Place 1140 HOLLAN SUITE 12 BOCA RATON		1140 HOLLAN SUITE 12	Mailing Address 1140 HOLLAND DRIVE SUITE 12 BOCA RATON FL 33487-2751 US						
US		US				3. Date Incorporated or Qualified 3a. Date of Last Repo			eport
						08/14/1995	05/0	05/01/1996	
2. Principal F	Pace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26				65-0602706 Not Applicable			
Suite, Apt	#, etc.	Suite, Apt	. #, etc.			5. Certificate of Status Desired	П	\$8.75	
22		27				Fee Required			
City & State		City & Sta				6. Election Campaign Financing \$5.00 May E Trust Fund Contribution Added to Fee			
Žip	Country	Zip		Country		8. This corporation has liability for	r intaggible t	ax under s.	199.032,
24	25	29	30	0		Florida Statutes		No	
	9. Name and Address of Cu	rrent Registered Ager	nt	B1	Name	10. Name and Address of New R	egistered A	gent	
BO	to the provisions of Sections 607	.0502 and 607, 1508, Fi	orida Statules.	B3 B4	e-named cor	rporation submits this statement for the	FL purpose of c	changing its	Code s registered
agent. La	am familiar with, and accept the c	bligations of, Section 6	07.0505, Florid	da Statute	s.	and to board of directors. Thereby doc-	specific appo	II NI TIOTI LA	rogistorou
SIGNATORE	Signature typed or pented name of registers	d agent and title if applicable	(NOTE: F	Registered Age	ont signature requ	uired when reinstating)	DATE	***************************************	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF			
PILE	PST	L	DELETE	1.1 TITLE			Į.	Change	Addition
NAME	HACKNER, MICHAEL	_		1.2 NAME					
STREET ADDRESS	1140 HOLLAND DRIVE #1	2		1.3 STREET	ADDRESS				
CITY-ST-7:P	BOCA RATON FL			1.4 CITY - S	T-ZIP				
1/3LF	D		DELETE	2.1 TITLE	- 1		Į	Change	Addition
NAME	HACKNER, POLA			2.2 NAME					
STREET ADDRESS	1140 HOLLAND DRIVE #1	2		2.3 STREET	ADDRESS :				
C(TY+ST+7)P	BOCA RATON FL			2.4 CMY-	ST-ZIP				
THLE			DELETE	31 TITLE				Change	Addition
NAME				32 NAME					
STREET ADDRESS				3 3 STREET	ADDRESS				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 receive 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 appearance with an address.

3 4. CITY - ST - ZIP

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 City-St-Zip

6.3 STREET ADDRESS

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

CITY ST-ZP

STREET ADDRESS

CITY-ST-7IP

CITY - ST - ZIP TITLE

THEF NAME

THLE

NAME STREET ADDRESS

NAME STREET ADDRESS

A THE AND TYPED OR PRINTED NAME OF GIGNING OFFICER OR DIRECT

04/10/17

561-241-6922

Change

☐ Change

Change

Addition

Addition

Addition

Davime Phone

FILED

Apr 17 1997 8:00am

Secretary of State