## 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

**DOCUMENT #** 

P95000070501 (8)

FLORIDA NATIONAL PROPERTIES, INC.

**FILED** Apr 24 1996 8:00 am Secretary of State



Principal Place of	Mailing Address	g Address		1 40 61/4 6 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
3300 UNIVERSITY DRIVE 3300 UNIVERSITY CORAL SPRINGS CORAL SPRINGS							
COIDE OF THE	400 FE 44400	•			3. Date Incorporated or Qualified 09/11/1995	3a. Date of Last Report	
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number	Applied For	
		26		65-0615052	Not Applicab		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	7		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
2		City & State			6. Election Campaign Financing	55.00 May Be	
City & State		City & State		Trust Fund Contribution	Added to Fees		
Ziçi	Country	Zip	Countr	ý	B. This corporation has liability for	r intangible tax under s. 199.032,	
4	25	29	30			s No	
	9. Name and Address of Curren	t Registered Agent		т	10. Name and Address of New	Registered Agent	
			81				
GORDON, K. Y			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	NIVERSITY DRIVE		83	<u> </u>			
CORAL	SPRINGS EL 33865		L.				
	110-21	_	84	City		FL 85 Zip Code	
d Discont to	the conjugate of Sections 607 0503	and 607 1508 Florida Statu	ites the above	named co	rporation submits this statement for the p	urvose of changing its registered of	
or registeres	Negont er both in the State of Florie	da. Such change was author	ized by the cor	poration's t	poard of directors. I hereby accept the ap	pointment as registered agent. I am	
familiar with,	and accept the obligations of, Sect	ion 607.0505, Florida Statute	<sup>es.</sup> Kennet	h V (	Pordon	4/22/96	
ignatures	gnature, typed or printed name of registered agent	and title if applicable (N			gured when reinstating)	DATE	
2.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO O	FICERS AND DIRECTORS IN 1	
ITLE	PD	☐ DELETE	1. 1 TITLE		DTAS	☐ Change ☐ Additio	
AME	RAMSEY, R. W		1.2 NAME		DISTEFANO, P. L.		
TREET ADDRESS	3300 UNIVERSITY DRIVE		1.3 STRE	T ADDRESS	3300 University Driv		
DITY-SI-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-		Coral Springs, FL 33	065	
TILE	VSD	☐ DEFELE	2 1 TillE			☐ Change ☐ Additio	
NAME	MCGOWAN, J. P		2.2 NAME	:			
STREET ADDRESS	3300 UNIVERSITY DRIVE		2.3 STRE	T ADDRESS			
Dily-SI-ZiP	CORAL SPRINGS FL 3306		2 4 C(TY			☐ Change ☐ Additio	
TITLE	TD	DELETE	3 1 TIFL				
NAME	MUCCI, M. E		3 2 NAM				
STREET ADDRESS	3300 UNIVERSITY DRIVE			FT ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 3306	DELETE	3 4 CITY 4 1 THTL			Change Addition	
TITLE			4.2 NAM			2 , 2	
NAME				ET ADDRESS	8000017	กลรถด	
STREET ADDRESS			4.3 SINC		9000017 -04/24/9601	095033	
CITY-ST-ZiP TillE		DELETE	5 1 TITL		***200.00	Change Addition	
NAME		<u></u>	5.2 NAM				
STHEE! ADDRESS				ET ADDRESS			
CITY - ST - ZIP			5 4 CITY				
TITLE		☐ DELETE	6 1 TITL			Change Addition	
NAME		1	6 2 NAM	E		asses.	
STREET ADDRESS				ET ADDRESS		4-24-9	
CITY-ST-ZIP			6 4 CITY	- \$1 - <i>7</i> (P		7-27-9	
Original Paragram	ead'f that the information guardied	with thin films is voluntarily for			alify for the exemption stated in Section 1	19.07(3)(k), Florida Statutes, I further	

sure that report supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under corporation or the regniver or trustee empowered to execute this report as required by Chapter 637, Florida Statutes; and that my name true as a figure of the same legal effect as if made under the regniver or trustee empowered to execute this report as required by Chapter 637, Florida Statutes; and that my name true as a figure of the same legal effect as if made under the same legal I do hereby certify that the certify that the information oath; that I am an office appears in Block 12 of the certific that I am an office ap

SIGNATURE:

James P. McGowan, Vice President
PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dave

4/22/96

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