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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000002916 (0)

1. Corporation Name
C.F.A. PROPERTIES, INC.

Principal Place of Business	Mailing Address
PO DRAWER 950 APOPKA FL 32704	PO DRAWER 950 APOPKA FL 32704-0950

3. Date Incorporated or Qualified: 01/09/1996
3a. Date of Last Report:

2. Principal Place of Business
21 PO Box 1886
Suite, Apt. #, etc.
22

2a. Mailing Address
26 PO Box 1886
Suite, Apt. #, etc.
27

4. FEI Number: APPLIED FOR ☐ 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

City & State: 23 APOPKA FL.
Zip: 24 32704 Country: 25 USA

City & State: 28 APOPKA FL
Zip: 29 32704 Country: 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: GEORGE A. ARAB
82 Street Address (P.O. Box Number Is Not Acceptable): 2490 HAAS RD
83
84 City: APOPKA FL 85 Zip Code: 32712

11. Pursuant to the provisions of Sections 607.0502 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: GEORGE A. ARAB — 4/30/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCLEOD, WILLIAM J		1.2 NAME	
STREET ADDRESS	PO DRAWER 950		1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32704		1.4 CITY-ST-ZIP	
TITLE	PRES	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE A. ARAB		2.2 NAME	
STREET ADDRESS	2490 HAAS RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL. 32712		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: GEORGE A. ARAB — 4/30/97 — 407 884 5138