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

PROFIT CORPORATION ANNUAL REPORT 1999

PROPERTYWORKS, INC.

CITY-ST-ZIP

SIGNATURE:



DOCUMENT # P96000019537

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

May 07, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

05-07-1999 90027 033 ***150.00

FILED



<u></u>									
Principal Place of Business Mailing Address									
2231 NW 87 TERR 2231 NW 87 TERR									
PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024						DO NOT WRITE IN THIS SPACE			
us us						3. Date Incorporated or Qualifed			}
ı						03/04/1996			}
Principal Place of Business 2a. Mailing Address				 -		4. FEI Number		oplied For	1
⊢ ¬	26				_	65-0665369		ot Applicable	1
Suite, Apt. :	# etc		Suite, Apt. #, etc.					Additional	1
22						5. Certifcate of Status Desired	Fee R	equired	
	City & State City & State					6. Election Campaign Financing	on Campaign Financing \$5.00 May Be		1
23	28					Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr			8. This corporation owes the current year Intangible			
24	25	25 29 30				Personal Property Tax.	Yes	□No	
-	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	l Agent		1
				81	Name				
	ter, e t esq.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			1
1930 TYLER STREET			Juleer Add		Street Addit]
HOLL	LYWOOD FL 33020			83					
				04	0:1		85 Zip	Code	┨
				84	City	F	L 65 21P	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the a	bove-	named corpo	pration submits this statement for the purpose of	of changing its	registered]
i office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auth	orized	oy tr	ne corporatio	n's board of directors. I hereby accept the appr	ointment as re	gisterea	İ
1	it tattillat with, and accept the obliga	10113 01, October 007.0000, Fichia	. 0.0						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered	Agent :	signature required	when reinstating) DATE] ක
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			CR2E034 (11/98)
TITLE	D	☐ DELETE	1,1 TITLE				☐ Change	Addition	È
NAME	WARD, RONALD A		1.2 NA						8
STREET ADDRESS	6160 HARDING STREET		1.3 STRE		DDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33024		1.4 CITY-		ZIP				1 22
TITLE	D	☐ DELETE	2.1 TI	TLE			Change	☐ Addition	၂၀
NAME	WARD, LINDA A	:	2.2 NAME						
STREET ADDRESS	6160 HARDING STREET		2.3 STF		ADDRESS				j
CITY-ST-ZIP	HOLLYWOOD FL 33024		2. 4 CITY-ST-ZIP		ZIP				1
TITLE			3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-ST	- ZiP	<u></u>			
TITLE				4.1 TITLE			Change	Addition	
NAME			4.2 N	IAME					
STREET ADDRESS			4.3 ST	TREET A	ADDRESS				
CITY-ST-ZIP				TY-ST-	ŀ				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	1
NAME			5.2 N	AME					
STREET ADDRESS			5.3 ST	TREET	ADDRESS				
CITY-ST-ZIP			5.4 CI	ITY-ST-	ZIP '				
TITLE		☐ DELETE	6.1 TT	TLE			☐ Change	☐ Addition]
NAME			6.2 N	AME					
'			6.3 S	TREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP			6.4 CITY-ST-ZIP		ZIP				
GIIT-3 -41P									-

14. I 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 trusted empowered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attack per yet of an address, with all other like empowered.