

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

FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000029586 (0)**

1. Corporation Name
PUBLIC PROPERTY, INC.



Principal Place of Business 1650 SE 17TH STREET STE 301 FORT LAUDERDALE FL 33316-1735 USA	Mailing Address 1650 SE 17TH STREET STE 301 FORT LAUDERDALE FL 33316-1735 USA
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3. Date Incorporated or Qualified 04/03/1986	3a. Date of Last Report
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2. Principal Place of Business 21 1840 Southwest 81st Terrace Suite, Apt. #, etc.	2a. Mailing Address 26 c/o GRUBER AND ASSOCIATES, P.A. Suite, Apt. #, etc.
22 City & State DAVIE, FL	27 1650 SOUTHEAST 17th Street, SUITE 301 City & State FORT LAUDERDALE FL
23 Zip 33329	28 333161735 Zip USA

4. FEI Number 65-0686319	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KOPELOWITZ, HARVEY 750 SE 3RD AVENUE STE 100 FORT LAUDERDALE FL 33316	
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10. Name and Address of New Registered Agent 81 Name KOTASKA, WILLIAM C. 82 Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 81st Terrace 83 84 City DAVIE FL 85 Zip Code 33329	
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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  **WILLIAM C. KOTASKA** 3-21-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D P	<input type="checkbox"/> DELETE
NAME	KOTASKA, WILLIAM C.	
STREET ADDRESS	POST OFFICE BOX 292922	
CITY - ST - ZIP	DAVIE, FL 33329-2922	
TITLE	D VP	<input type="checkbox"/> DELETE
NAME	KOTASKA, DEBORAH A.	
STREET ADDRESS	POST OFFICE BOX 292922	
CITY - ST - ZIP	DAVIE FL 33329-2922	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KOTASKA, WILLIAM C.	
1.3 STREET ADDRESS	1840 SOUTHWEST 81st Terrace	
1.4 CITY - ST - ZIP	DAVIE, FL 33329	
2.1 TITLE	D VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KOTASKA, DEBORAH A.	
2.3 STREET ADDRESS	1840 SOUTHWEST 81st Terrace	
2.4 CITY - ST - ZIP	DAVIE, FL 33329	
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 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  **WILLIAM C. KOTASKA** 11597 974522-0002
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)