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Apr 28 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 # P96000044523 (4)

1. Corporation Name

PUR ACQUISITION COMPANY #2

Principal Place of Business

C/O RAHN PROPERTIES  
1512 E. BROWARD BLVD., #301  
FT. LAUDERDALE FL 33301

Mailing Address

C/O RAHN PROPERTIES  
1512 E. BROWARD BLVD., #301  
FT. LAUDERDALE FL 33301-2180

3. Date Incorporated or Qualified  
05/24/1996

3a. Date of Last Report

4. FEI Number  
65-0678687

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

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

2. Principal Place of Business

21 450 E. LAS OLAS BLVD.

Suite, Apt. #, etc.

22 SUITE 700

City & State

23 FT. LAUDERDALE, FL

Zip

24 33301

Country

2a. Mailing Address

26 450 E. LAS OLAS BLVD.

Suite, Apt. #, etc.

27 SUITE 700

City & State

28 FT. LAUDERDALE, FL

Zip

29 33301

Country

30

9. Name and Address of Current Registered Agent

GARDINA, CAROL J  
C/O RAHN PROPERTIES  
1512 E. BROWARD BLVD., #301  
FT. LAUDERDALE FL 33301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

450 EAST LAS OLAS BLVD.

83 SUITE 700

84 City

FT. LAUDERDALE

FL

85 Zip Code

33301

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ANDERSON, JOHN H  
STREET ADDRESS C/O 1512 E. BROWARD BLVD., #301  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE E/D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 700  
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

2.1 TITLE V/D ☐ Change ☒ Addition  
2.2 NAME ROBERTS, PETER H.  
2.3 STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 700  
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

3.1 TITLE VT ☐ Change ☒ Addition  
3.2 NAME STIRK, ROBERT J.  
3.3 STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 700  
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. ANDERSON 4/28/97

Date

9545245336

Daytime Phone #

0219060

CR2E034 (9/96)