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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600054497 (8)

BANCPROPREO CORP.

Principal Place of Business

Mailing Address

## FILED May 09 1997 8:00am Secretary of State



2033 MAIN STREET #303 SARASOTA FL 34237	2033 MAIN STREET #303 SARASOTA FL 34237-6049				· ·				
						Pate Incorporated or Qualified 6/26/1996	3a. Date of Last Report		
2. Principal Place of Bus	2a. Mailing Address			4. F	El Number	·	,	Applied For	
21 2033 Main	26 2033 Main Street				65-067964	-5	i	Vot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. (	Certificate of Status Desired			Additional
22 #101		27] #101						Fee I	Required
City & State	City & State			ı	lection Campaign Financing	F-1		May Be	
23 Sarasota,	Country	28 Sarasota, FL				rust Fund Contribution	<u>. LJ</u>		d to Fees
24 34237				•	B. This corporation has liability for intangible tax under s. 199.032,     Florida Statutes				
	e and Address of Current		30	USA		lame and Address of New Reg			
SABA, RICHA				81 Name			ÿ	·	
2033 MAIN ST			J. Geo	ffrey Pflugner I D. Box Number is Not Acceptable	Lupai	re			
SARASOTA F		82 Street	2033	). Box Number is Not Acceptabl <b>Main Street</b>	e)				
		83							
	_			<b>D4</b> O1	Suite	101	~	12-11-5-	
	$\sim$			84 City	Saraș	nte	FL		Code 4237
11. Pursuant to the pov	islon, d Sections 607.0502	and 607.1508, Florida Statut	es, the	above-named	cornoration	submits this statement for the nu	rnose of	changing	its registered
office or registered agont, 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 agont 1 am lambar with an obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	1 augu								+
Signatura type	or printed name of relastered agent			red Agont signature			DATE		
12.	OFFICERS AND	TOTAL 18 18 45 AN INCOME.	13		AD	DITIONS/CHANGES TO OFFICE			
TITLE	TOIO F	🔀 DELETE	1.1	TITLE	Presid	ent/Director		Change	Addition
NAME VIGEN,			12	NAME .	Jeffre	y Charlotte	1		
OADAO	AIN STREET		1.3	STREET ADDRESS		ern Drive	1		
	OTA FL 34236	TI Stiere		CITY - ST - 7)P	Braden	ton, FL 34208=9( ary/Treasurer/Di	36		
TITLE		☐ DELETE		TITLE	Secret	ary/Treasurer/Di	ector	<u>⊨</u> Unange	Addition
NAME				NAME		Charlotte			
STREET ADDRESS				STREET ADDRESS		ern Drive			
CITY-ST-ZIP	<del></del>	DELETE		CITY-ST-ZIP		ton, FL 34208-90		<u> </u>	T Address
TITLE				THE	Direct		,	☐ Change	Addition
NAME				NAME		J. Charlotte			
STREET ADDRESS				STREFT ADDRES	4428 F	ern Drive			
CITY-ST-ZIP		DELETE		CHTY-S1-ZIP	Braden	ton, FL 34208-90	36	Change	Addition
TITLE NAME		LJ beter		THLE				ш ымпув	. L.J AUGINION
STREET ADDRESS				PAME PRODUCES					
				STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE		CITY-ST-ZIP TRLE	<del> </del>			Change	Addition
NAME		0		NAME				المان و	. LI AUGIOUI
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP									
TITLE	***************************************	DELETE		CITY-S1-ZIP TILLE	<del> </del>			Change	Addition
NAME		Fred Secret		NAME			'		Amend + 400 ILLOTT
STREET ADDRESS				STREET ADDRESS					
i									
CITY-ST-ZIP	<del></del>		64	City-ST-ZIP	L				

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 office corporation or the receiveryor 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 ordress.