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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000059732

1. Corporation Name

COM-PRO REALTY, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90185 025 ***150.00



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Principal Place of Business Mailing Address									
1730 N.W. 107 AVENUE PEMBROKE PINES FL 33026-2806		1730 N.W. 107 AVENUE PEMBROKE PINES FL 33026-2806				DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed 07/15/1996			
Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
21					65-0692370			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing		\$5.0	0 May Be
23	2	28				Trust Fund Contribution			ed to Fees
	Country	Zip	Count	try		8. This corporation owes the curre	nt year Inte	angible	
24 25	2	9	30			Personal Property Tax.		Yes	□No
	Address of Current Re	gistered Agent		_		10. Name and Address of New R	egistered /	Agent	
	_		8	31	Name				
COOPER, ROBERT C 1730 N.W. 107TH AVENUE			1	32	Street Address (P.O. Box Number is Not Acceptable)			, ,	
PEMBROKE PINES	FL 33026-2806		1	33					
			E	34	City		FL	85 Z	ip Code
						Alexander of the state of the s		changing.	ita sagistarad
11. Pursuant to the provisions office or registered agent, agent. I am familiar with, a	or both, in the State of Fk	orida. Such change was a	juthorized l	by I	the corporation	ration submits this statement for the 's board of directors. I hereby accep	t the appoir	ntment as	registered
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: I				Registered Agent signature require		when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIBEC	TOPS IN 12
12.	OFFICERS AND DI	DELETE	13.	_		ADDITIONS/CHANGES TO OFF	TOERS AN	☐ Chang	
TITLE PST	DCDT (1.1 1111						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME COOPER, RO			1.2 NAM		l				ļ
STREET ADDRESS 1730 N.W. 10					ADDRESS				-
	PINES FL 33026-2806		14 CITY		- ZIP				ge Addition
TITLE VP.		☐ DELETE	2.1 TITL	E				Chang	ge ∐ Addition
NAME MAE	P. LOOPER		2.2 NAM	Œ					
STREET ADDRESS /73D M	4. 107 MA	- <i>-</i> -	2.3 STR	EET	ADDRESS				
CITY-ST-ZIP PEMIS	ROICE PI	NES FL.37	2. 4 CIT	Y-\$	T-ZIP				
TITLE	33026. 280	NES FL. 3	3.1 TITL	E				☐ Chang	ge
NAME			3.2 NAM	ŀΕ					
STREET ADDRESS			3.3 STR	EET	ADDRESS				
CITY-ST-ZIP			3 4. CIT	Y-5	T-ZIP				
TITLE		☐ DELETE	4.1 TITL	E				Chang	ge 🗀 Addition
NAME			4. 2 NA	ИE					Į
STREET ADDRESS			4.3 STR	ÉET	ADDRESS				}
CITY-ST-ZIP			4.4 CITY	<u>/-</u> ST	- ZIP				
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NAME			5.2 NAM	ΙE				•	
STREET ADDRESS			5.3 STR	EET	ADDRESS				(
CITY-ST-ZIP			5.4 CITY	/-ST	r-ZIP				
TITLE		☐ DELETE	6.1 TITL	E				☐ Chang	ge Addition
NAME			6.2 NAM	Œ				•	
STREET ADDRESS			6.3 STR	EET	ADDRESS		-		į
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CITY-ST-ZIP

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 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, with all other like empowered.