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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073768 (9)

ULTRA PRO REALTY & INVESTMENTS, INC.

Principal Place of Business

3600 S STATE ROAD 7

Mailing Address

3600 S STATE ROAD 7 SUITE 208

FILED Feb 02 1998 8:00am Secretary of State



SUITE 208 MIRAMAR FL 33023 MIRAMAR FL 33023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 18441_NW 18441 65-0690599 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 106 5. Certificate of Status Desired 106 Fee Reguired 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be F1. 33169 MIAMI MIAMI 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA USA Personal Property Tax due June 30. Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JOHNSON, SANDRA 3600 \$ STATE ROAD 7 Street Address (P.O. Box Number is Not Acceptable) SUITE 208 MIRAMAR FL 33023 83 Zip Code 84 City 85 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 title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D, P, T, S JÓHNSÓN, BANDRA DELETE 1.1 TITLE Change Addition TITLE NAME 1.2 NAME 3600 S STATE ROAD 7 S-208 STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL 33023 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 Title F NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4 4 CiTY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 conforation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.