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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 05 1998 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078241 (2)

PUPKE REAL ESTATE CORPORATION

Principal Plac	ce of Business	Mailing Address		
1		Mailing Address		
115 SE 4TH	AVE	115 SE 4TH AVE.		
DELRAY BEA	CH FL 2044F	DELRAY BEACH FLOTTE	<u>•</u>	DO NOT WRITE IN THIS SPACE
US		US	~	3. Date Incorporated or Qualified
				09/19/1996
· ·	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	PKE REAL ESTATE CO	Suite Ant 4 ste		65-0555691 Not Applicable
22	115 SE 4TH AVENUE	27		5. Certificate of Status Desired \$8.75 Additional Fee Required
	DELRAY BEACH, FL 33483	City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Current	Pegistered Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
511		nogistered Agent	81 Name	10. Name and Address of New Registered Agent
115 SE 4TH AVE PUPKE REAL ESTATE COME Street Address (P.O. Box Number is Not Acceptable)				
115 SE 4TH AVE OUTTE 1420 115 SE 4TH AVENUE 115				
) DE	LRAY BEACH FL 30444 [ELRAY BEACH, FL 3	3483 03	
			84 City	85 Zip Code
44 Pursuant	to the provisions of Soctions 607 0002	I pred 607 1000 Electedo Ctotuto	a the should receive a	FL V 24 COOK
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 transfer professional of professional colored agent and a professional colored agent signature required when reinstating) Date				
12.	OF FICHHAMO		T 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ō	☐ DELETE	1.1 TITLE	Change Addition
NAME	PUPKE, MARIE		1.2 NAME	
STREET ADDRESS	8266 SAWPINE RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	Change Addition
NAME	PUPKE, MARK		2 2 NAME	
STREET ADDRESS	8266 SAWPINE RD		2 3 STREET ADDRESS	
CITY-ST-ZIP	DE LRAY BEACH FL 33446		2. 4 CITY - ST - ZIP	
TITLE		☐ DELET E	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-\$T-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP	
NAME		ר אררנונ	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME	
CITY-ST-ZIP	•		4.3 STREET ADDRESS	
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	Onange Addition
STREET ADDRESS			5.3 STHEET ADDRESS	
CITY-ST-ZIP			54 City-St-ZiP	
TITLE		DELETE	6.1 TiTLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
1	•			

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 received empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attrictiment with an address.