FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Jul 24 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 # P96000083789

1. Corporation Name
PROPERTY SHOP INTERNATIONAL, INC.

Principal Place of Business
4523-A DEL PRADO BLVD.,
CAPE CORAL - FL 33904

Mailing Address
SAME

3. Date Incorporated or Qualified: 10-07-96
3a. Date of Last Report: N/A

2. Principal Place of Business
21 4523-A Del Prado Blvd.
Suite, Apt. #, etc. 22 —
City & State 23 CAPE CORAL - FL
Zip 24 33904 Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0763506 ☐ 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

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

9. Name and Address of Current Registered Agent

CAROLINE PARSONSON
17953 SAN CARLOS BLVD.
FORT MYERS BEACH - FL 33931

10. Name and Address of New Registered Agent

81 Name: CAROLINE PARSONSON
82 Street Address (P.O. Box Number is Not Acceptable): 4523A DEL PRADO BLVD.
83
84 City: CAPE CORAL **FL** 85 Zip Code: 33904

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: C. PARSONSON SECRETARY 07-05-97
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☑ DELETE	1.1 TITLE	P/T	☑ Change ☐ Addition
NAME	ANTHONY J REICH		1.2 NAME	C. GARNER	
STREET ADDRESS	1083 BAL ISLE DRIVE		1.3 STREET ADDRESS	4523-A DEL PRADO BLVD	
CITY-ST-ZIP	FT. MYERS - FL 33919		1.4 CITY-ST-ZIP	CAPE CORAL - FL 33904	
TITLE	~~VP~~ V/S	☑ DELETE	2.1 TITLE	V	☐ Change ☑ Addition
NAME	CAROLINE PARSONSON		2.2 NAME	J. P. CAHILL	
STREET ADDRESS	1083 BAL ISLE DRIVE		2.3 STREET ADDRESS	3429 SANTA BARBARA BLVD.	
CITY-ST-ZIP	FT. MYERS - FL 33919		2.4 CITY-ST-ZIP	CAPE CORAL - FL 33904	
TITLE		☐ DELETE	3.1 TITLE	S/T	☑ Change ☐ Addition
NAME			3.2 NAME	CAROLINE PARSONSON	
STREET ADDRESS			3.3 STREET ADDRESS	4523-A DEL PRADO BLVD.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	CAPE CORAL - FL 33904	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	900002256479	
STREET ADDRESS			6.3 STREET ADDRESS	-08/04/97--01033--015	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***558.75	

PE 7.24

CR2E034 (9/96)

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: C. PARSONSON 07-05-97 (941) 540-8875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #