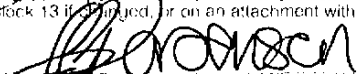


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jul 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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		
2. Principal Place of Business 21 4523-A Del Prado Blvd.		2a. Mailing Address 26 SAME		3. Date Incorporated or Qualified 10-07-96	
Suite, Apt. #, etc. 22 —		Suite, Apt. #, etc. 27 —		3a. Date of Last Report N/A	
City & State 23 CAPE CORAL - FL		City & State 28 —		4. FEI Number 65-0763506	
Zip 24 33904		Country 25 USA		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 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE T ☒ DELETE			1.1 TITLE PE ☒ 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 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 —		
STREET ADDRESS —			6.3 STREET ADDRESS —		
CITY-ST-ZIP —			6.4 CITY-ST-ZIP —		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), 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 (94)540-8875 Date: 07-05-97 Daytime Phone: (94)540-8875					

CR2E034 (9/96)