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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000084954 (2)**

PRO PROP LOK. INC. Principal Place of Business Mailing Address 8781 NORTH WEST 11TH STREET 8781 NORTH WEST 11TH STREET PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024-4767 3. Date Incorporated or Qualified 3a. Date of Last Report 10/10/1996 2. Principal Place of Bus ness 2a. Mailing Address 4. FEI Number Applied For 65-0703862 26 Not Applicable 21 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 6. This corporation has liability for intangible to under s. 199.032. Yes 24 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLIAMS, TERRY L 8781 NORTH WEST 11TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33024 вз 84 Zip Code 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 Significal typed or primed hance of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. DELETE Change Addition THE 1.1 TITLE WILLIAMS, TERRY L NAME 1.2 NAME CR2E034 8781 NORTH WEST 11TH STREET 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 1.4 CITY-ST-ZIP CITY - ST - ZIE Change DELETE Addition 2.1 TITLE TIT: F NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City+St-ZIP CITY-ST-ZP DELETE Change Addition HILF 31 THLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS CHY-ST-7IP 3.4. CITY - ST - ZIP DELETE Change Addition | THUE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 1111.6 5.2 NAME NAM: STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHTY - ST - ZIP DELETE Change Addition THE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CITY-S1-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)(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 of visites empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or