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

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Feb 24 1998 8:00am Secretary of State

	PROPERTIES, INC.	. ,		
Principal Place of Business Mailing Address				4 19911924 110 19(1) 4931 9931 9911 9911 9913 1514 1941 4941 1941
10010 U.S. HIGHWAY 19 10010 U.S. HIGHWAY 19 PORT RICHEY FL 34668 PORT RICHEY FL 34668				
PORT RIGHE	1 FL 34000	PORT RICHEY FL 34668		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				04/03/1997
_ ^	Place of Business	2a. Mailing Address		4. FEI Number Applied For
	35 U.S.19	26 9735 U.	5.19	59-3436985 Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Sta	T Richey H	28 POTT RIC	hey F1	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24 3461	68 25 PASCO	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 346			30 lasco	Personal Property Tax due June 30. 🗹 Yes 🔲 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
FRANK, JOHN 81 Name				
10010 U.S. HIGHWAY 19			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
PORT RICHEY FL 34668			83	
			03	
			84 City	FL 85 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 J. S-98				
Signature, typed or pright name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OATE				
12.	PD OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	FRANK, JOHN	€ DETERIE	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	10010 U.S. HIGHWAY 19		1.2 NAME	
CITY-ST-ZIP	PORT RICHEY FL 34668		1.3 STREET ADDRESS	
TITLE	\$0	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	MILIC, BORIS		2.2 NAME	- Change - Sacraton
STREET ADORESS	10010 U.S. HIGHWAY 19		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668		2. 4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ZINNO, JEANETTE		3.2 NAME	
STREET ADDRESS	10010 U.S. HIGHWAY 19		3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668		3.4. CITY-ST-ZIP	
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		☐ DELET E	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		T neight	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	

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 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.