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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Sandra B. Mertham 🐣

Secretary of State DIVISION OF CORPORATIONS

| <ol> <li>Corporation</li> </ol>   | ROPERTIES, INC.  | 0007336 (6)                          |                                       |                                   |   |                                   |
|---|--|--------------------------------------|---------------------------------------|-----------------------------------|---|-----------------------------------|
| Principal Place   | of Business  | Mailing Address                      |                                       |                                   |   |                                   |
| 721 SE 17TH ST 721 SE 17TH ST   |  |                                      |                                       |                                   |   |                                   |
| SUITE B   |  | SUITE B                              | SUITE B<br>FT LAUDERDALE FL 33316     |                                   | DO NOT WRITE IN TH  | IS SPACE                          |
| FT LAUDERDALE FL 33316  |  | FI ENUDENDREE FE 33310               |                                       | 3. Date Incorporated or Qualified |   |                                   |
|   |  |                                      |                                       |                                   | 08/05/1997  |                                   |
| 2. Principal Pl   | ace of Business  | 2a. Mailing Address                  | · · · · · · · · · · · · · · · · · · · | <del></del>                       | 4. FEI Number   | Applied For                       |
| 21  |  | 26                                   |                                       | 65-0184977                        | Not Applicable  |                                   |
| Suite, Apt. #, etc.   |  | Suite, Apt #, etc.                   |                                       | 5. Certificate of Status Desired  | \$8.75 Additional   |                                   |
|   |  | 27                                   |                                       | J. Certificate of States Desired  | Fee Required  |                                   |
| City & State  |  | City & State                         |                                       | 6. Election Campaign Financing    | \$5.00 May Be   |                                   |
| 23  |  | 28                                   |                                       | Trust Fund Contribution           | Added to Fees   |                                   |
| Zip   | Country  | Z(p                                  | Countr                                | ry                                | 8. This corporation owes or has paid the  | Current year Intangible  X Yes No |
| 24  | 25   | 29                                   | 30                                    |                                   | Personal Property Tax due June 30.  10. Name and Address of New Registere                       |                                   |
| 15/   | <ol> <li>Name and Address of Currer</li> <li>POLD, NORMAN</li> </ol> | ur negistaten Agent                  | 8.                                    | 1 Name                            | 10, Martie dito Addicas of the Hogister   |                                   |
|   |  |                                      | _                                     |                                   |   |                                   |
| 721 SE 17TH ST<br>SUITE B   |  |                                      | 8:                                    | 2 Street Add                      | ress (P.O. Box Number is Not Acceptable)  |                                   |
| FT LAUDERDALE FL 33316  |  |                                      | 8                                     | 3                                 |   |                                   |
| rı  | EXODENDALE LE 33310  |                                      |                                       |                                   |   | 11                                |
|   |  |                                      | 84                                    | 4 City                            | F   | 85 Zip Code                       |
| 11. Pursuant office or reagent. I a   |  |                                      |                                       |                                   | poration submits this statement for the purposition's board of directors. I hereby accept the a |                                   |
|   | Signature, typed or posted onese of registered as                    |                                      |                                       | gent signature requi              | red whon reinsteting) DATI ADDITIONS/CHANGES TO OFFICERS A                                      |                                   |
| 12.   | OFFICERS AN  | DELETE 1.1 TITLE                     |                                       | : 1                               | ADDITIONS/GRANGES TO OTTICE TO P  | Change Addition                   |
| TITLE   | SHARPE, ORLANDO  |                                      | 1.2 NAME                              |                                   |   |                                   |
| NAME  | 721 SE 17TH ST SUITE B   |                                      |                                       | ET ADORESS                        |   |                                   |
| STREET ADDRESS  | FT LAUDERDALE FL 33316   |                                      |                                       | -ST-ZIP                           |   |                                   |
| CITY-ST-ZIP<br>TITLE  | D  | DELETE                               | 2.1 TITLE                             |                                   |   | Change Addition                   |
| NAME  | SCHOPP, DAVID  | <b>_</b>                             | 2.2 NAM                               |                                   |   |                                   |
| STREET ADDRESS  | 721 SE 17TH ST SUITE B   |                                      |                                       | ET ADDRESS                        |   |                                   |
| CITY-ST-ZIP   | FT LAUDERDALE FL 33316   |                                      | 2. 4 CITY                             |                                   | 1   |                                   |
| TITLE   | D  | DELETE 3.                            |                                       |                                   |   | ☐ Change ☐ Addition               |
| NAME  | RIESCO, JUAN   |                                      | 3.2 NAM                               | E                                 |   |                                   |
| STREET ADDRESS  | 721 SE 17TH ST SUITE B   |                                      | 3.3 STRE                              | ET ADDRESS                        |   |                                   |
| CITY-ST-ZIP   | FT LAUDERDALE FL 33316   |                                      | 3.4. CITY                             | /-S1-ZIP                          |   |                                   |
| TITLE   |  | DELETE                               | 4.1 TITLE                             | :                                 |   | Change Addition                   |
| NAME  |  |                                      | 4. 2 NAM                              | AE .                              |   |                                   |
| STREET ADDRESS  |  |                                      | 4.3 STREE                             |                                   |   | İ                                 |
| CITY-ST-ZIP   | L  | ,,                                   | 4.4 CITY                              | - ST - ZIP                        |   |                                   |
| TITLE   | - '  | DELETE                               | 5.1 TITLE                             | :                                 |   | Change Addition                   |
| NAME  |  | 5                                    |                                       | E                                 |   |                                   |
| STREET ADDRESS  |  |                                      | 5 3 STRE                              | ET ADDRESS                        |   |                                   |
| CITY-ST-ZIP   |  |                                      |                                       | -ST-ZIP                           |   | Phones Addition                   |
| TITLE   |  | DELETE                               | 61 THILE                              |                                   |   | Change Addition                   |
| NAME  | 6  |                                      | 62 NAM                                |                                   |   |                                   |
| STREET ADDRESS  | •  |                                      | 63 STRE                               | ET ADORESS                        |   |                                   |
| CRY-ST-ZIP  14. I hereby certify that the information supplied with this fights not qualify for |  |                                      | 64 CITY                               | -SI-ZIP                           | 012-140 07(0)(S F)-14- 0(-) 3 14- 0 -   | y applies that the Information    |
| 14. I hereby  | certify that the information supplied i                              | with this filting diffes not qualify | for the exen                          | nption stated ir                  | n Section 119.07(3)(i), Florida Statutes. I furthe  | er certify that the information   |

t is true and accurate and that my signature shall have the same legal effect as it made under odur, linter and a empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

Feb 12 1998 8:00am

Secretary of State