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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT.# P97000093756 (9)

SHILOH PROPERTIES, INC.

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
	HWY, 2ND FL LES FL 33146	706 S DIXIE HWY. 2ND FL Coral gables FL 33146				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						10/29/1997
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number Applied For
21		26]				(5- 0798645 Not Applicable
Suite, Apt.	#, e tc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
City & State		City & State				Fee Required
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country		Zip Country			8. This corporation owes or has paid the current year Intangible
24	25		30	•		Personal Property Tax due June 30. Yes No
	g, Name and Address of Current					10. Name and Address of New Registered Agent
OLSEN, THOMAS W III				B1	Name	
706 S DIXIE HWY, 2ND FL				Street Ac	Idress (P.O. Box Number is Not Acceptable)	
CC	PRAL GABLES FL 33146					, , , , , , , , , , , , , , , , , , , ,
			[83		
			<u> </u>	84	City	B5 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. Hereby accept the appointment as registered						
agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.						
SIGNATURE 1		~ []]				tulred when reinstating) DATE
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	i Agen	it signature ret	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME	OLSEN, THOMAS W III		1.2 NAME			_ · _ · ·
STREET ADDRESS	706 S DIXIE HWY 2ND FL		1.3 STREE		ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 CITY-		- ZIP	
TITLE	VSD	☐ DELETE	2.1 1ffLE			Change Addition
NAME	SALSBURG, LLOYD		2.2 NAME			
STREET ADDRESS	706 S DIXIE HWY, 2ND FL		2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146		2.4 0		I - ZIP	
TITLE		DELETE	3.1 TITLE			Change [_] Addition
NAME			3 2 NA			
STREET ADDRESS	ESS		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. C(TY-)		- ZIP	Change Addition
NAME		Detell	4.1 TITLE 4.2 NAME			
STREET ADDRESS			ı		NDDRESS	
CITY-ST-ZIP			4.3 ST			•
TITLE		DELETE	5.1 TIT		- C15	Change Addition
NAME			5.2 NA			
STREET ADDRESS					NDDRESS	
CITY-ST-ZIP			5.4 CIT			
TITLE			6.1 TIT			Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 STF	REET A	ADDRESS	
CITY+ST-ZIP			6.4 CIT	Y - ST	- ZIP	
						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 trusted 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 an attachment with an address.						