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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Feb 12, 1999 8:00am

Secretary of State

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Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S51478

C/TY-ST-ZIP

PROPERTY PROFESSIONALS, INC. OF MICHIGAN

Principal Plac	ce of Business	Mailing Address				- ijeasaasi (a) i	14401 14011 101 0 41	401 1 1011 15016	BIRCI BIRII BIRI	(MINGS BINDI (NDI
1900 S OCEAN	N BLVD	1900 S OCEAN BLVD								
10-\$		1 0 -S								
POMPANO BEACH FL 33062		POMPANO BEACH FL 33062				DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporate 05/06/1991	ed or Qualifed	1		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number				Applied For
21		26				65-0260600			١	lot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Star	tus Desired		•	Additional Required
City & Sta	te	City & State				6. Election Campai	on Financino		\$5.00	May Be
23		28				Trust Fund Cont				to Fees
Zip	Country	Zip	Count	try		8. This corporation	owes the cur	rrent year Ir	ntangible	
24	25	29	30			Personal Proper	ty Tax.	·	Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Add	ess of New	Registered	Agent	
ODA	DAFODE DETER I		8	31 Na	me					
	DAFORE, PETER J		8	32 Str	eet Addres	ss (P.O. Box Number	is Not Accep	table)		· ·
	D S. OCEAN BLVD					12.14.240.72.0	302 2 3.81	***	ers carry a m	Contribution of appropriate and a second
1	TE 10-S		8	33					11 SERVICE CO.	
PUN	MPANO BEACH FL 33062	•	-	34 Cit	.,	3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	is creek		Code
			"	, - Cit	y	·		Fl	_ 65 25	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the abo	ove-nar	ned corpor	ration submits this stat	ement for the	e purpose o	f changing it	s registered
11. Pursuant office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	02 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, Flo	ites, the abo authorized b	ove-nar by the c	ned corpor opporation	ration submits this stat 's board of directors. I	ement for the hereby acce	e purpose o ept the appo	f changing it ointment as r	s registered egistered
agent. Fa	am familiar with, and accept the obliga	ations of, Section 607.0605, Fig	ites, the abo authorized b	ove-nar by the c	ned corpor opporation	ration submits this stat s's board of directors. I	ement for the hereby acce			s registered egistered
11. Pursuant office or agent. Fa	am familiar with, and accept the obliga	Afore	E: Registered Ag	#s. [1	ration submits this state's board of directors. I	ement for the hereby acce	e purpose of ept the appo		s registered egistered
agent. Fa	am familiar with, and accept the obligation of t	Afore (NOTION DESCRIPTION OF STREET	onda statute	#s. [1	when reinstating) ADDITIONS/CHAI		/-25 DATE	- <i>99</i> ND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered ages OFFICERS AN	Afort (NOTI	E: Registered Ag	es.	1	when reinstating)		/-25 DATE	-99	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN P SPATAFORE, PETER J	Afore (NOTION DESCRIPTION OF STREET	E: Registered Ag	es. Signa E	1	when reinstating) ADDITIONS/CHAI		/-25 DATE	- <i>99</i> ND DIRECT	ORS IN 12
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14. 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, with all other like empowered.

6.4 CITY-ST-ZIP