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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

PROWAY  Principal Place	Y REAL ESTATE COMPANY e of Business etto Park Road	` '		3. Date Incorporated or Qualified	3a. Date of Last Report
A Driveyal Ol	ace of Business	2a. Mailing Address		07/05/1991 4. FEI Number	04/11/1996
2. Principai ri	age or business	26. Maning Address		65-0276318	Applied For Not Applicable
Suite, Apt 1	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for	· · · · · · · · · · · · · · · · · · ·
	9. Name and Address of Currer			10. Name and Address of New R	egistered Agent
GOT	TLIEB, BRUCE M		81 Name		
125 NORTH 46 AVENUE			<b>62</b> Street Add	ress (P.O. Box Number is Not Accepta	ible)
HOL	LYWOOD FL 33021		83		THE RESERVE TO THE RE
			24		Ingl. 7io Codo
			84 City		FL 85 Zip Code
office or re agent it an SIGNATURE	egistored agent, or both, in the State in familiar with, and accept the oblig	of Ftorida. Such change was a ations of, Section 607,0505, Floans and tile if applicable (NOTE)	uthorized by the corporal rida Statutes.  Registered Agent signature requ	· · · · · · · · · · · · · · · · · · ·	ppt the appointment as registered
12,	OFFICERS AN	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
TITLE NAME	dpst Oliveri, angelo	□ ptreit	1.1 TITLE 1.2 NAME		En custible En vacuum
STREET AUDRESS	1489 W. PALMETTTO PARK R	OAD. #492	1.3 STREET ADDRESS		
CITY-ST-ZiE	BOCA RATON FL		1.4 CITY+ST-ZIP		
TIFLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHTY-ST-ZIP THTLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STHEET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZiP			3.4. CITY-ST-ZIP		
TOLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREEL ADDRESS			4.3 STREET ADDRESS		
CHTY - ST - ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 Title		Change Addition
NAME		Emal DECETE	5.1 MLE 5.2 NAME		المالون والمالوني
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZiP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 YITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY-\$1-ZIP		
informatio	in indicated on this annual report or a	supplemental annual report is t	rue and accurate and tha	d in Section 119.07(3)(i), Florida Statut It my signature shall have the same leg ort as required by Chapter 607, Florida	pal effect as if made under cath; that

SIGNATURE:

LHOUHT Angelo Oliveri SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-750-4477

**FILED** 

May 12 1997 8:00am

Secretary of State