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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # \$76564** 

(1)

| 1. Corporation Name PDP PROPERTIES, INC.  Principal Place of Business  636 U.S. HWY. ONE SUITE 101 NORTH PALM BEACH FL 33408  NORTH PALM BEACH FL 33408  NORTH PALM BEACH FL 33408 |   |   |   |   |                    |  |   |  |                                |                            |
|--|---|---|---|---|--------------------|--|---|--|--------------------------------|----------------------------|
| nomin (nomin   |   |   | ,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>         |   |                    |  | 3. Date Incorporated or Qualifie  |  | Date of Last Re                | eport                      |
| 2 Principal Pl   | ace of Business   | 2a Maily  | ng Address  |   | *****              |  | 08/26/1991<br>4. FEI Number   | U                                      | 3/21/1996                      | pplied For                 |
| 21   | act of Cushicss   | 26  | ig radioss  |   |                    |  | 65-0278686  |  | <del></del>                    | ot Applicable              |
| Suite Apt.   | f. etc.   |   | Apt. #, etc.  |   |                    | ······································ | 5. Certificate of Status Desired  |  | \$8.75                         |                            |
| 22   |   | 27  |   |   |                    |  |   |  | Fee Re                         |                            |
| City & State   |   | · · · ·   | 3 State   |   |                    |  | 6. Election Campaign Financing Trust Fund Contribution  |  | \$5.00<br>Added t              |                            |
| <b>23</b> Ζφ   | Country   | 28 Z <sub>(p</sub>                                      |   | Cour                                      | itry               |  | This corporation has liability in the second s |  |                                |                            |
| 24   | 25  | 29  |   | 30  | ,                  |  | Florida Statutes  | Yes                                    |                                | 155,052,                   |
|  | 9. Name and Address of Curre  | nt Registered .   | Agent   |   |                    |  | 10. Name and Address of New   | Registered                             | l Agent                        |                            |
|  | UTO, PATRICK  |   |   | [1  | 81                 | Name                                   |   |  |                                |                            |
|  | U.S. HWY. ONE   |   |   | Į   | B2                 | Street Addre                           | ess (P.O. Box Number is Not Accep   | table)                                 |                                |                            |
|  | E 101   |   |   |   | 83                 |  |   |  |                                |                            |
| NUH  | ITH PALM BEACH FL 33408   |   |   |   |                    |  |   |  |                                |                            |
|  |   |   |   | [•  | 84                 | City                                   |   | FI                                     | <b>85</b> Zip (                | Code                       |
| 11. Pursuant t<br>office or re<br>agent Lar  | o the provisions of Sections 607.05<br>egistered agent, or both, in the State<br>ii familiar with, and accept the oblig   | 02 and 607.150<br>e of Florida. Su<br>gations of, Secti | 08, Fforida Statu<br>ch change was<br>ion 607.0505, F | tes, the ab<br>authorized<br>lorida Statu | ove-<br>by<br>ites | named corporation                      | oration submits this statement for thon's board of directors. I hereby ac   | e purpose<br>cept the ap               | of changing it<br>pointment as | s registered<br>registered |
| SIGNATURE .  | Signature, typed or printed name of registered as   | tent and Italy if anythin                               | and INO   | Tr. Dogetored                             | 4500               | t sienes un recuire                    | d when reinstating)   | DATE                                   |                                |                            |
| 12.  |   | VD DIRECTORS  |   | 13.                                       | Ayou               | r signature require                    | ADDITIONS/CHANGES TO OF   |  | ID DIRECTOR                    | S IN 12                    |
| TITLE  | D   | ***************************************                 | DELETE  | 1.1 110                                   | LE                 |  |   | ······································ | Change                         | Addition                   |
| MAME   | SMITH, PHYLLIS  |   |   | 1.2 NAI                                   | ME                 |  |   |  |                                |                            |
| STREET ADDRESS   | 10032 DAHILA AVE.   |   |   | 1.3 STF                                   | REET A             | ADDRESS                                |   |  |                                |                            |
| CITY+ST ZIP  | PALM BEACH GRDNS FL   |   | DOLOTE  | 1.4 CIT                                   |                    | - ZIP                                  |   |  | Channe                         | Addition                   |
| TITLE  | D<br>Peduto, patrick  |   | DELETE  | 21111                                     |                    |  |   |  | Change                         | L Addition                 |
| NAVE   | 3940 BUTTERCUP CIR. S.  |   |   | 2.2 NA                                    |                    | NODRESS                                |   |  |                                |                            |
| STREET ADDRESS (<br>CITY+ST-ZIP  | PALM BEACH GRONS FL   |   |   | 2.3 STF                                   |                    | I                                      |   |  |                                |                            |
| TITLE  |   |   | DELETE  | 3.1 1(1)                                  | _                  | 1 - 211                                | ***************************************   |  | Change                         | Addition                   |
| NAME   |   |   |   | 3.2 NAI                                   | ME                 |  |   |  |                                | ļ                          |
| STREET ADDRESS   |   |   |   | 3.3 STF                                   | REET A             | NDDRESS                                |   |  |                                |                            |
| CHY-S1-ZIP   |   |   |   | 3.4. CI                                   | TY-\$1             | r-ZIP                                  | ······································  |  |                                |                            |
| TITLE  |   |   | ☐ DELETE  | 4.1 TiT                                   |                    |  |   |  | Change                         | Addition                   |
| NAME   |   |   |   | 4, 2 NA                                   |                    |  |   |  |                                |                            |
| STREET ADDRESS   |   |   |   |   |                    | ADORESS                                |   |  |                                | •                          |
| CHY-ST-ZIF<br>TITLE  |   |   | DELETE  | 4.4 CIT<br>5.1 TIT                        |                    | - ZIP                                  |   |  | Change                         | Addition                   |
| NAME   |   |   |   | 5.2 NA                                    |                    |  |   |  |                                |                            |
| STREET ADDRESS   |   |   |   | 5.3 STF                                   | RET #              | ADDRESS                                |   |  |                                |                            |
| CITY ST-ZIP  |   |   |   | 5.4 CIT                                   | Y-ST               | - ZIP                                  |   |  |                                |                            |
| TITLE  |   |   | DELETE  | 6.1 717                                   |                    |  |   |  | Change                         | Addition                   |
| NAME   |   |   |   | 6.2 NA                                    |                    |  |   |  |                                |                            |
| STREET ADDRESS   |   |   |   |   |                    | ADDRESS                                |   |  |                                |                            |
| 0(1Y-S1-7)2<br>14 Lido hozel   | by certify that the information supplie   | ed with this file                                       | n does not aux  | 64 Cit                                    |                    |  | in Section 119 07/3Vi). Florida Sta   | lules I furth                          | er certify that                | the                        |
| intermatic   | ry cert y tria, the mornhalon supplin<br>in indicated on this annual report or<br>flicer or director of the corporation on<br>in Block 12 or Block 13 if <del>changed</del> | supplemental a  | anoual report is                                      | true and a                                | CCLE               | rate and that                          | my signature shall have the same !  | enal effect.                           | as if made un                  | der oath: that             |

SIGNATURE:

IONATURE AND TYPED DA PENTED NAME OF STATISTIC OF THE PARTY OF THE PAR

2/01/1756/88/0273

**FILED** 

Mar 04 1997 8:00am

Secretary of State