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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S78648** (0)

1. Corporation Name
PROPSERV, INC.

Principal Place of Business	Mailing Address
4719 N THATCHER AVE. TAMPA FL 33614 US	P. O. BOX 15115 TAMPA FL 33684-5115 US

3. Date Incorporated or Qualified: **09/09/1991**
3a. Date of Last Report: **04/02/1996**

2. Principal Place of Business
21 4215 W. Alva Unit a
Suite, Apt. #, etc.
22 A
City & State
23 Tampa, FL
Zip 24 33614 Country 25 US

2a. Mailing Address
26 P.O.Box 15115
Suite, Apt. #, etc.
27
City & State
28 Tampa, FL
Zip 29 33684 Country 30 US

4. FEI Number: **59-3083911** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MUKHALIAN, JOHN
5090 39TH ST SOUTH
ST PETERSBURG FL 33711

10. Name and Address of New Registered Agent
81 Name: John Mukhalian
82 Street Address (P.O. Box Number is Not Acceptable): 2203 Belle Chase Circle
83
84 City: Tampa, FL 85 Zip Code: 33634

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD ☐ DELETE	1.1 TITLE	CPD ☐ Change ☐ Addition
NAME	MUKHALIAN, JOHN	1.2 NAME	Mukhalian, John
STREET ADDRESS	5090 39TH ST SOUTH	1.3 STREET ADDRESS	2203 Belle Chase Circle
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	Tampa, FL 33634
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: John Mukhalian 4/21/97 813-875-6605