

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

FILED

Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

4215 W ALVA UNIT A  
TAMPA FL 33614  
US

P. O. BOX 15115  
TAMPA FL 33684-5115  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1991

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 4220 W. PEARL AVE

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

Zip

24 33611

Country

25 HILLSBOROUGH

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

30

Country

9. Name and Address of Current Registered Agent

MUKHALIAN, JOHN  
2203 BELLE CHASE CIRCLE  
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

MUKHALIAN, JOHN

82 Street Address (P.O. Box Number is Not Acceptable)

4934 11 TH AVE NORTH

83

84 City

ST PETERSBURG

FL

85 Zip Code

33710

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD  
NAME MUKHALIAN, JOHN  
STREET ADDRESS 2203 BELLE CHASE CIRCLE  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CPD  
1.2 NAME MUKHALIAN, JOHN  
1.3 STREET ADDRESS 4934 11 TH AVE NORTH  
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33710

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

John Mukhalian

4/17/98

CR2E034 (10/97)