

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 AM 3:0

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V33296** (7)

1. Corporation Name
ULTIMATE PROPERTY MANAGEMENT, INC.

Principal Place of Business: **1699 S FEDERAL HWY STE 12 BOCA RATON FL 33432 US**
Mailing Address: **6850 NORTHWEST 2ND AVENUE SUITE 26 BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **05/01/1992**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **65-0329656**
Applied For: 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**
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address
21. State App # etc: 26. State App # etc
22. City & State: 27. City & State
23. Zip: 25. County: 29. Zip: 30. County:

9. Name and Address of Current Registered Agent
**ADELSON, DIANE S.
6850 NORTHWEST 2ND AVENUE
SUITE 26
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 601.0001 and 607.1509, 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 responsibility as set forth in 607.1509, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

11a. TITLE	DPST
11b. NAME	ADELSON, DIANE S
11c. STREET ADDRESS	6850 NW 2 AVE #26
11d. CITY, ST, ZIP	BOCA RATON FL
11e. TITLE	
11f. NAME	
11g. STREET ADDRESS	
11h. CITY, ST, ZIP	
11i. TITLE	
11j. NAME	
11k. STREET ADDRESS	
11l. CITY, ST, ZIP	
11m. TITLE	
11n. NAME	
11o. STREET ADDRESS	
11p. CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
12. STREET ADDRESS		
12. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		
13. NAME		
13. STREET ADDRESS		
13. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. TITLE		
14. NAME		
14. STREET ADDRESS		
14. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE		
15. NAME		
15. STREET ADDRESS		
15. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. TITLE		
16. NAME		
16. STREET ADDRESS		
16. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(g), 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 person or person 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 as an attachment with an address.

SIGNATURE: *Diane S. Adelson* **DIANE S. ADELSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95 407-392 1596
Date Office Phone #