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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 283071 (9)

1. Corporation Name
DOWNTOWN PROPERTIES INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

4116 SE JIB LANE STUART FL 34997-6124

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/09/1964		3a. Date of Last Report 03/28/1994	
2. Principal Place of Business		4. FEI Number 59-1101371	
21. Suite, Apt # etc.		Applied For Not Applicable	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. City & State		6. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. City & State			
29. City & State			
30. City & State			

9. Name and Address of Current Registered Agent

**WAUGH, J. L. JR
4116 S.E. JIB LN.
STUART FL 34997-6124**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 607.050: Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	NAME WAUGH, J.L. JR. STREET ADDRESS 4116 S.E. JIB LN. CITY, ST, ZIP STUART FL	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD	NAME SPERBER, MORRIS W. STREET ADDRESS 327 CLEMATIS ST. CITY, ST, ZIP W. PALM BCH. FL	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VDT	NAME SIEMON, M.W. STREET ADDRESS 4860 MELALEUCA LANE CITY, ST, ZIP LAKE WORTH FL 33460	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.071(9)(b), Florida Statutes. I further certify that the information included 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 make up this report, as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: **J.L. WAUGH JR** *JL Waugh* 5/7/95 407-220-8379

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR