

ANNUAL REPORT

1995-1996



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

DOCUMENT # 390344 (0)

1. Corporation Name
FIRST EQUITY PROPERTIES, INC.

Principal Place of Business Mailing Address
1400 MIAMI CENTER 1400 MIAMI CENTER
201 S. BISCAYNE BLVD. 201 S. BISCAYNE BLVD.
MIAMI FL 33131-6782 MIAMI FL 33131-6782

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
10/26/1971 04/20/199
4. FEI Number Applied For
59-1368952 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. \$5.00 May Be
Added to Fees
7. This corporation has liability for intangible tax under S. 199.032.
Florida Statutes Yes No

8. Name and Address of Current Registered Agent
BISHOPRIC, KARL
1400 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI FL 33131-6782

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

I, 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 *Karl Bishopric* DATE

OFFICERS AND DIRECTORS		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
1. TITLE	2. NAME	1. TITLE	2. NAME
3. STREET ADDRESS	4. CITY - ST - ZIP	3. STREET ADDRESS	4. CITY - ST - ZIP
5. TITLE	6. NAME	5. TITLE	6. NAME
7. STREET ADDRESS	8. CITY - ST - ZIP	7. STREET ADDRESS	8. CITY - ST - ZIP
9. TITLE	10. NAME	9. TITLE	10. NAME
11. STREET ADDRESS	12. CITY - ST - ZIP	11. STREET ADDRESS	12. CITY - ST - ZIP
13. TITLE	14. NAME	13. TITLE	14. NAME
15. STREET ADDRESS	16. CITY - ST - ZIP	15. STREET ADDRESS	16. CITY - ST - ZIP
17. TITLE	18. NAME	17. TITLE	18. NAME
19. STREET ADDRESS	20. CITY - ST - ZIP	19. STREET ADDRESS	20. CITY - ST - ZIP
21. TITLE	22. NAME	21. TITLE	22. NAME
23. STREET ADDRESS	24. CITY - ST - ZIP	23. STREET ADDRESS	24. CITY - ST - ZIP
25. TITLE	26. NAME	25. TITLE	26. NAME
27. STREET ADDRESS	28. CITY - ST - ZIP	27. STREET ADDRESS	28. CITY - ST - ZIP
29. TITLE	30. NAME	29. TITLE	30. NAME
31. STREET ADDRESS	32. CITY - ST - ZIP	31. STREET ADDRESS	32. CITY - ST - ZIP

PD
BISHOPRIC, KARL
201 S BISCAYNE BLVD
MIAMI, FL 00000

600001930238
-08/23/96--01004--033
***225.00

I, I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appropriate

SIGNATURES *Karl Bishopric* 7/30/96 (305) 379-0731