

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 FEB 27 PM 3:23

**DOCUMENT # 564826 (6)**

1. Corporation Name  
**SECTION 12 PROPERTY CORP.**

Principal Place of Business      Mailing Address  
**2699 S.BAYSHORE DR.#800A**      **2699 S.BAYSHORE DR.#800A**  
**MIAMI FL 33133**      **MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/27/1977**      **05/01/1994**

2. Principal Place of Business      2a. Mailing Address

21 Suits, Apt. #, etc.      26 Suits, Apt. #, etc.

22 City & State      27 City & State

23 Zip      28 Zip      29 Country      30 Country

4. FEI Number      Applied For  
**65-0234998**      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**

**BAILEY, HUNT, JONES & BUSTO, P.A.**  
**501 BRICKELL KEY DR STE 300**  
**COURVOISIER CENTRE**  
**MIAMI FL 33131-9806**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

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      0631P: Registered Agent signature required when resigning      (1A)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>TDP</b>
NAME	<b>BAILEY, GUY B.</b>
STREET ADDRESS	<b>2699 S BAYSHORE DR #800A</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>BABCOCK, E. VOSE III</b>
STREET ADDRESS	<b>2699 S BAYSHORE DR #800A</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>BABCOCK, MARY A.</b>
STREET ADDRESS	<b>2699 S BAYSHORE DR #800A</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>DVP</b>
NAME	<b>BAILEY, JOHN R</b>
STREET ADDRESS	<b>2699 S BAYSHORE DR #800A</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b>
NAME	<b>MALCOLM VI, K.</b>
STREET ADDRESS	<b>2699 S BAYSHORE DR #800A</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>ASD</b>
NAME	<b>BAILEY, PATRICIA E.</b>
STREET ADDRESS	<b>2699 S BAYSHORE DR #800A</b>
CITY - ST - ZIP	<b>MIAMI FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1	NAME	
1	STREET ADDRESS	
1	CITY - ST - ZIP	
2	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
2	STREET ADDRESS	
2	CITY - ST - ZIP	
3	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3	NAME	
3	STREET ADDRESS	
3	CITY - ST - ZIP	
4	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4	NAME	
4	STREET ADDRESS	
4	CITY - ST - ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	NAME	
5	STREET ADDRESS	
5	CITY - ST - ZIP	
6	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
6	STREET ADDRESS	
6	CITY - ST - ZIP	

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 119.07(6)(b), 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 R. Bailey, V.P.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/95      (305) 856-3930  
Date      Telephone Number