

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 564826 (6)**

1. Corporation Name

**SECTION 12 PROPERTY CORP.**

Principal Place of Business

Mailing Address

~~2699 S BAYSHORE DR #800A~~  
MIAMI FL 33133

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MIAMI FL 33133



900001840779  
-05/28/96--01032--021  
\*\*\*2200.00

2. Principal Place of Business		2a. Mailing Address	
21	9700 So. Dixie Hwy.	26	9700 So. Dixie Hwy.
22	Suite, Apt. #, etc. Suite 570	27	Suite, Apt. #, etc. Suite 570
23	City & State Miami, Florida	28	City & State Miami, Florida
24	Zip 33156	29	Zip 33156
25	Country	30	Country

3. Date Incorporated or Qualified <b>12/27/1977</b>	3a. Date of Last Report <b>02/27/1995</b>
4. FEI Number <b>65-0234998</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>BAILEY, HUNT, JONES &amp; BUSTO, P.A.</b> <b>501 BRICKELL KEY DR STE 300</b> <b>COURVOISIER CENTRE</b> <b>MIAMI FL 33131-9608</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of President or Director of the corporation (the officer who is filing this report)      Signature of Registered Agent (signature required when registering)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TDP</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, GUY B.</b>	1.2 NAME	
STREET ADDRESS	<b>2699 S BAYSHORE DR #800A</b>	1.3 STREET ADDRESS	<b>9700 So. Dixie Hwy., #570</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>Miami, Fl. 33156</b>
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BABCOCK, E. VOSE III</b>	2.2 NAME	
STREET ADDRESS	<b>2699 S BAYSHORE DR #800A</b>	2.3 STREET ADDRESS	<b>9700 So. Dixie Hwy., #570</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>Miami, Fl. 33156</b>
TITLE	<b>D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BABCOCK, MARY A.</b>	3.2 NAME	
STREET ADDRESS	<b>2699 S BAYSHORE DR #800A</b>	3.3 STREET ADDRESS	<b>9700 So. Dixie Hwy., #570</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>Miami, Fl. 33156</b>
TITLE	<b>DVP</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, JOHN R</b>	4.2 NAME	
STREET ADDRESS	<b>2699 S BAYSHORE DR #800A</b>	4.3 STREET ADDRESS	<b>9700 So. Dixie Hwy., #570</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	<b>Miami, Fl. 33156</b>
TITLE	<b>S</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALCOLM VI, K.</b>	5.2 NAME	
STREET ADDRESS	<b>2699 S BAYSHORE DR #800A</b>	5.3 STREET ADDRESS	<b>9700 So. Dixie Hwy., #570</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	<b>Miami, Fl. 33156</b>
TITLE	<b>ASD</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, PATRICIA E.</b>	6.2 NAME	
STREET ADDRESS	<b>2699 S BAYSHORE DR #800A</b>	6.3 STREET ADDRESS	<b>9700 So. Dixie Hwy., #570</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP	<b>Miami, Fl. 33156</b>

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(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 an address.

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Guy B. Bailey, President**

April 22, 1996 (305)670-0303  
 Date: \_\_\_\_\_  
 Docket # \_\_\_\_\_

CR2E034 (12/95)