

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 # 564828 (2)
1. Corporation Name
SECTION 11 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 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Zip |
| 25 | | 30 | Country |

4. FEI Number Applied For
65-0235000 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 33131-9608

10. Name and Address of New Registered Agent

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

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 of association (P.O. Box Number is Not Acceptable) (N/A)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------|
| TITLE | PTD |
| NAME | BAILEY, GUY B. |
| STREET ADDRESS | 2699 S BAYSHORE DR #800A |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | D |
| NAME | BABCOCK, E. VOSE III |
| STREET ADDRESS | 2699 S BAYSHORE DR #800A |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | DVP |
| NAME | BAILEY, JOHN R |
| STREET ADDRESS | 2699 S BAYSHORE DR #800A |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | ASD |
| NAME | BABCOCK, MARY A |
| STREET ADDRESS | 2699 S BAYSHORE DR #800A |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | D |
| NAME | BAILEY, PATRICIA E. |
| STREET ADDRESS | 2699 S BAYSHORE DR #800A |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | S |
| NAME | MALCOLM, VI K |
| STREET ADDRESS | 2699 S BAYSHORE DR #800A |
| CITY-ST-ZIP | MIAMI FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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(3)(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 197, 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 **(3-5) 856-3930**
DATE TELEPHONE NUMBER