

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90179 020 \*\*\*150.00

0027894

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **564828**

1. Corporation Name  
**SECTION 11 PROPERTY CORP.**



Principal Place of Business  
 9700 SO. DIXIE HWY., #570  
 MIAMI FL 33156

Mailing Address  
 9700 SO. DIXIE HWY., #570  
 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

3. Date Incorporated or Qualified  
**12/27/1977**

4. FEI Number  
**65-0235000**

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 owes the current year intangible Personal Property Tax.  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 33131-0608~~

10. Name and Address of New Registered Agent  
 81 Name **David W. Colonna**  
 82 Street Address (P.O. Box Number is Not Acceptable) **9700 S. DIXIE HWY.**  
 83 **#570**  
 84 City **MIAMI** FL 85 Zip Code **33156**

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 *David W. Colonna* **David Colonna, Asst. Sec.** **4/23/99**  
Signature typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BAILEY, GUY B.	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BABCOCK, E. VOSE III	<i>Resigned</i>
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	<i>Jan. 1999</i>
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BAILEY, JOHN R	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	BABCOCK, MARY A	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BAILEY, PATRICIA E.	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COLONNA, DAVID W.	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *David W. Colonna* **DAVID W. COLONNA** **4-23-99** **305-670-7422**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)