

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 5:06

DOCUMENT # **663485**

(1)

The Corporation Name:

**INVERNESS PROPERTIES CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business:

**2601 BISCAYNE BLVD.  
MIAMI FL 33137**

Mailing Address:

**2601 BISCAYNE BLVD.  
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/03/1980**

3a. Date of Last Report

**06/20/1994**

4. FFI Number

**59-1959279**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes

Yes  No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt # etc

22

State Apt # etc

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CAIRNS, TERRANCE V  
2601 BISCAYNE BLVD.  
MIAMI FL 33137**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

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 of Current Registered Agent or Registered Agent)

(Signature of Registered Agent to be appointed after filing)

149

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>GOLDSTEIN, MICHELLE</b>
STREET ADDRESS	<b>2601 BISCAYNE BLVD</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>PD</b>
NAME	<b>GOLDSTEIN, JAMES E</b>
STREET ADDRESS	<b>2601 BISCAYNE BLVD</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>GERSTEN, SHERRI</b>
STREET ADDRESS	<b>2560 SUNSET DR</b>
CITY, ST, ZIP	<b>MIAMI BCH, FL 00000</b>
TITLE	<b>DS</b>
NAME	<b>MILLER, ROGER</b>
STREET ADDRESS	<b>2601 BISCAYNE BLVD.</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	
3 STREET ADDRESS	
4 CITY, ST, ZIP	
5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 NAME	
7 STREET ADDRESS	
8 CITY, ST, ZIP	
9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10 NAME	
11 STREET ADDRESS	
12 CITY, ST, ZIP	
13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME	
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(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 of Form 1201 or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

*Roger Miller*

4/28/95 305 576 6083