

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4: 35

DOCUMENT # **G29393** (7)

1. Corporation Name
LAND CAP PROPERTY SERVICES, INC.

Principal Place of Business 12000 SW 114 PLACE MIAMI FL 33176	Mailing Address 12000 SW 114 PLACE MIAMI FL 33176
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/24/1983	3a. Date of Last Report 04/28/1994
4. FEI Number 59-2365136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <input type="checkbox"/>	26 <input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <input type="checkbox"/>	27 <input type="checkbox"/>
City & State	City & State
23 <input type="checkbox"/>	28 <input type="checkbox"/>
Zip	Country
24 <input type="checkbox"/>	25 <input type="checkbox"/>
29 <input type="checkbox"/>	30 <input type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SUITS, STEPHEN E. 10435 S.W. 127TH PL. MIAMI FL 33186				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUITS, STEPHEN E.	1.2 NAME	P / D
STREET ADDRESS	10435 S.W. 127TH PL.	1.3 STREET ADDRESS	Stephen E Suits
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	10435 SW 127 Place Miami, FL. 33186
TITLE	VPT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUITS, NANCY S.	2.2 NAME	T / D
STREET ADDRESS	10435 S.W. 127TH PL.	2.3 STREET ADDRESS	Nancy S. Suits
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	10435 SW 127 Place Miami, FL. 33186
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VP / D
STREET ADDRESS		3.3 STREET ADDRESS	Gerald Simon
CITY - ST - ZIP		3.4 CITY - ST - ZIP	14230 SW 73 St. Miami, FL. 33183
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	S
STREET ADDRESS		4.3 STREET ADDRESS	Jill E. Simon
CITY - ST - ZIP		4.4 CITY - ST - ZIP	14230 SW 73 St. Miami, FL. 33183
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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(5)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy S. Suits 3-20-95 305-251-2234

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time