

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **02/24/1983**  
3a. Date of Last Report: **04/03/1995**

21	2. Principal Place of Business	2a.	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4. FEI Number: **59-2365136**  
 Applied For:  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**

**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

Signature, typed or printed name of registered agent and street address

(NOTE: Registered agent is to produce report when re-registering)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SUITS, STEPHEN E.</b>	
STREET ADDRESS	<b>10435 S.W. 127TH PL.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SUITS, NANCY S.</b>	
STREET ADDRESS	<b>10435 S.W. 127TH PL.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMON, GERALD</b>	
STREET ADDRESS	<b>14230 SW 73 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMON, JILL E.</b>	
STREET ADDRESS	<b>14230 SW 73 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

*Nancy S. Suits*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-96** **305 251 2234**  
Date Date/Time/Phone #

CR2E034 (12/95)