

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000005463 (1)
 1. Corporation Name
UNITED PROPERTIES OF ORLANDO, INC.



Principal Place of Business: **7975 N.W. 154 ST. SUITE 400 MIAMI LAKES FL 33016**
 Mailing Address: **7975 N.W. 154 ST. SUITE 400 MIAMI LAKES FL 33016-5849**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/20/1995	3a. Date of Last Report 03/07/1996
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0558606	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

HODKIN, PETER M
2200 WEST COMMERCIAL BLVD.
SUITE 302
FORT LAUDERDALE FL 33309

B1. Name	B2. Street Address (P.O. Box Number is Not Acceptable)	B3.	B4. City	B5. Zip Code
			FL	

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MIJARES, ANTHONY JR.		1.2 NAME		
CITY-ST-ZIP	7975 N.W. 154TH ST., SUITE 400 MIAMI LAKES FL 33016		1.3 STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
STREET ADDRESS	CARDOSO, SILVIO A		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	7975 N.W. 154TH ST., SUITE 400 MIAMI LAKES FL 33016		2.2 NAME		
TITLE	NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
STREET ADDRESS	VP BRIELE, ROBERT		2.4 CITY-ST-ZIP		
CITY-ST-ZIP	7975 NW 154 ST. STE#400 MIAMI FL		3.1 TITLE	Y	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> DELETE	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
STREET ADDRESS			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			5.2 NAME		
TITLE	NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> DELETE	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 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.

SIGNATURE _____

CR2E034 (9/96)