

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 01, 1999 8:00 am
Secretary of State
 09-01-1999 90007 027 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P96000055927**

1. Corporation Name
SOUTH COUNTY PROPERTIES, INC.



Principal Place of Business Mailing Address
5600 POINSETTA HWY. SUITE 502 WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 **16900 NE 19th avenue**
 22 City & State 27 Suite, Apt. #, etc.
 23 **N. Miami Beach, FL**
 24 Zip 25 Country 29 **33161** 30 **USA**

3. Date Incorporated or Qualified
07/02/1996
 4. FEI Number **65-0643263** 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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
LIPSON, STUART A ESQ.
13899 BISCAYNE BLVD.
SUITE 404
MIAMI FL 33181

10. Name and Address of New Registered Agent
 81 Name *same*
 82 Street Address (P.O. Box Number is Not Acceptable)
16900 NE 19th Avenue
 83
 84 City **N. Miami Beach** FL 85 Zip Code **33161**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **8/23/99**

12. OFFICERS AND DIRECTORS	
TITLE	DPS <input checked="" type="checkbox"/> DELETE
NAME	RENO, RICHARD W
STREET ADDRESS	5600 POINSETTA HWY., SUITE 502
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	DVPT <input type="checkbox"/> DELETE
NAME	LIPSON, STUART A
STREET ADDRESS	13899 BISCAYNE.BLVD., #404
CITY-ST-ZIP	MIAMI FL 33181
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
1.2 NAME	DETOMA, JOHN R.
1.3 STREET ADDRESS	2111 LYNX PLACE
1.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LIPSON, STUART A.
2.3 STREET ADDRESS	13899 Biscayne Blvd. #404
2.4 CITY-ST-ZIP	MIAMI, FL 33181
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CAIRO, GREGORY A.
3.3 STREET ADDRESS	492 SWEETWOOD WAY
3.4 CITY-ST-ZIP	WELLINGTON, FL 33414
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.

SIGNATURE: *[Signature]* Director **8/23/99** 305 947-3000

CR2E034 (5/99)