FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

AMENDED 9/14/99

PROFIT CORPORATION ANNUAL REPORT

1997 ~~XXX~~ 98

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

FILED
99 SEP 16 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P96000055927

1. Corporation Name
SOUTH COUNTY PROPERTIES, INC.

Florida Place of Business
5600 POINSETTA HWY.
SUITE 502
WEST PALM BEACH,FL
33407

Mailing Address
16900 NE 19TH AVE.
N. MIAMI BEACH, FL
33162

3. Date Incorporated or Qualified: 7/2/96
3a. Date of Last Report: 9/1/99

2. Principal Place of Business
21 16900 NE 19th Ave
22 Suite, Apt. #, etc.
23 City & State: N. Miami Beach FL
24 Zip: 33162 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LIPSON, STUART A
16900 NE 19th AVENUE
N. MIAMI BEACH, FL. 33161

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☒ DELETE	11 TITLE	DPST ☒☒ Change ☒☒ Addition
	DPST	12 NAME	DETOMA, JOHN R.
	CAIRO, GREGORY A.	13 STREET ADDRESS	c/o 16900 NE 19th Avenue
	492 SWEETWOOD WAY	14 CITY-ST-ZIP	N. Miami Beach, FL 33162
DVP	LIPSON, STUART A ☐ DELETE	21 TITLE	☐ Change ☐ Addition
	13899 BISCAYNE BLVD #404	22 NAME	
	MIAMI, FL. 33181	23 STREET ADDRESS	
		24 CITY-ST-ZIP	
	☐ DELETE	31 TITLE	☐ Change ☐ Addition
		32 NAME	000002996840--1
		33 STREET ADDRESS	-09/24/99--01087--012
		34 CITY-ST-ZIP	*****61.25 *****61.25
	☐ DELETE	41 TITLE	☐ Change ☐ Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
	☐ DELETE	51 TITLE	☐ Change ☐ Addition
		52 NAME	
		53 STREET ADDRESS	TS
		54 CITY-ST-ZIP	
	☐ DELETE	61 TITLE	☐ Change ☐ Addition
		62 NAME	
		63 STREET ADDRESS	
		64 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 I am aware that false information submitted in a document to the Department of State for the purpose of obtaining or maintaining registration as a corporation is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes. I understand the requirement to file an annual report between January 1 and May 1 of each year. I understand that any changes to the registered agent, principal place of business, mailing address, officers, directors, or their addresses must be reported on this form. I understand that I am required to include the name of a registered agent, the registered office address, and the principal place of business address. I understand that I am required to include the name and address of any officer or director who was added or deleted since the last report was filed. I understand that I am required to include the name and address of any officer or director who was not previously reported to the Department of State. I understand that I am required to include the name and address of any officer or director who has been changed since the last report was filed. I understand that I am required to include the name and address of any officer or director who has been changed since the last report was filed.

SIGNATURE: _____ STUART A. LIPSON VP 9/13/99 305-947-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR