

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

FILED

**Feb 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000072510 (6)

1. Corporation Name
SLJ RESIDENCES/INVESTMENTS II, INC.



Principal Place of Business 200 E 65TH STREET APT #39 SOUTH NEW YORK NY 10021	Mailing Address 200 E 65TH STREET APT #39 SOUTH NEW YORK NY 10021-6803
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3. Date Incorporated or Qualified 08/30/1996	3a. Date of Last Report
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21. Principal Place of Business 445 GRAND BAY DRIVE Suite, Apt. #, etc. APT #906 City & State KEY BISCAIYNE FL Zip 33149 Country USA	2a. Mailing Address 445 GRAND BAY DRIVE Suite, Apt. #, etc. APT #906 City & State KEY BISCAIYNE FL Zip 33149 Country USA	22. Applied For Not Applicable	4. FEI Number 58 227 0201
23. Certificate of Status Desired <input type="checkbox"/>	24. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	25. \$8.75 Additional Fee Required	26. \$5.00 May Be Added to Fees
27. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MASER, JOEL D 1221 BRICKELL AVE MIAMI FL 33131	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
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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 D	<input type="checkbox"/> DELETE	1.1 TITLE D.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOWE, SHELDON J		1.2 NAME LOWE, SHELDON J.	ADDRESS
STREET ADDRESS 200 E 65TH ST, APT 39 SOUTH		1.3 STREET ADDRESS 445 GRAND BAY DRIVE #906	
CITY - ST - ZIP NEW YORK NY 10021		1.4 CITY - ST - ZIP KEY BISCAIYNE FL 33149	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: _____ DATE: **1/17/97** DAYTIME PHONE: **(305) 365 2035**

CR2E034 (9/96)