

04221999-90048-001-\$150.00-\$150.00

FILE NOW. FILING FEE AFTER MAY 10 IS \$300.00

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90048 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P98000086220

1. Corporation Name
SOUTHCHASE PROPERTY INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O TAM REAL ESTATE FLORIDA, INC. 8556 PALM PARKWAY ORLANDO FL 32836	Mailing Address C/O TAM REAL ESTATE FLORIDA, INC. 8556 PALM PARKWAY ORLANDO FL 32836
---	---

3. Date Incorporated or Qualified 10/08/1998	4. FEI Number 59-3546337	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country	30
---	--	----

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE
SUITE 500E
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	D AL-SAYED, EDRAHIM S.
STREET ADDRESS		1.3 STREET ADDRESS	8556 PALM PARKWAY
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ORLANDO FL 32836
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	D HASHWANI, HATIM
STREET ADDRESS		2.3 STREET ADDRESS	8556 PALM PARKWAY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ORLANDO FL 32836
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D CLARK, SUSAN J
STREET ADDRESS		3.3 STREET ADDRESS	8556 PALM PARKWAY
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO FL 32836
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 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 a 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Hatim Hashwani
Date: 4/13/99 (407) 239-9142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (4/1/98)