

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 5:06

DOCUMENT # **663485**

(1)

To: Corporation Name:

INVERNESS PROPERTIES CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

**2601 BISCAYNE BLVD.
MIAMI FL 33137**

Mailing Address:

**2601 BISCAYNE BLVD.
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1980

3a. Date of Last Report

06/20/1994

4. FFI Number

59-1959279

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

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt. # etc.

22

State Apt. # etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CAIRNS, TERRANCE V
2601 BISCAYNE BLVD.
MIAMI FL 33137**

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 of Current Registered Agent or Registered Agent)

(Signature of Registered Agent to be appointed after filing)

149

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	GOLDSTEIN, MICHELLE
STREET ADDRESS	2601 BISCAYNE BLVD
CITY, ST, ZIP	MIAMI FL
TITLE	PD
NAME	GOLDSTEIN, JAMES E
STREET ADDRESS	2601 BISCAYNE BLVD
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	GERSTEN, SHERRI
STREET ADDRESS	2560 SUNSET DR
CITY, ST, ZIP	MIAMI BCH, FL 00000
TITLE	DS
NAME	MILLER, ROGER
STREET ADDRESS	2601 BISCAYNE BLVD.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 119.07(2)(b), 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 of Form 1001 or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Roger Miller

4/28/95 305 576 6083