

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                 |                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  <b>FLORIDA DEPARTMENT OF STATE<br/>Sandra B. Mortham<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                                                                                                                                                                                                                                                                                 | <b>FILED<br/>SECRETARY OF STATE<br/>DIVISION OF CORPORATIONS</b><br><br><b>95 JUN 28 AM 9:22</b>       |  |
| <b>DOCUMENT # 427204 (3)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                 |                                                                                                        |  |
| <b>1. Corporation Name</b><br><b>33 PROPERTIES MANAGEMENT INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                 |                                                                                                        |  |
| <b>Principal Place of Business</b><br><b>C/O STEVE GALE</b><br><del>RR-3 BOX 637-G</del> <b>5421 NW 77 CT.</b><br><b>POMPANO BEACH FL 33073</b><br><b>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>Mailing Address</b><br><b>C/O STEVE GALE</b><br><del>RR-3 BOX 637-G</del> <b>5421 NW 77 CT.</b><br><b>POMPANO BEACH FL 33073</b><br><b>US</b>                                               |                                                                                                                                                                                                                                                                                 |                                                                                                        |  |
| DO NOT WRITE IN THIS SPACE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                 |                                                                                                        |  |
| <b>2. Principal Place of Business</b><br><b>21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>2a. Mailing Address</b><br><b>26</b>                                                                                                                                                        |                                                                                                                                                                                                                                                                                 | <b>3. Date Incorporated or Qualified</b><br><b>06/01/1973</b>                                          |  |
| <b>Suite, Apt. #, etc.</b><br><b>22</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>Suite, Apt. #, etc.</b><br><b>27</b>                                                                                                                                                        |                                                                                                                                                                                                                                                                                 | <b>3a. Date of Last Report</b><br><b>04/29/1994</b>                                                    |  |
| <b>City &amp; State</b><br><b>23</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>City &amp; State</b><br><b>28</b>                                                                                                                                                           |                                                                                                                                                                                                                                                                                 | <b>4. FEI Number</b><br><b>59-1544810</b>                                                              |  |
| <b>Zip</b><br><b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>Country</b><br><b>25</b>                                                                                                                                                                    |                                                                                                                                                                                                                                                                                 | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>29</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>30</b>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                 | <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>      |  |
| <b>7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                 |                                                                                                        |  |
| <b>9. Name and Address of Current Registered Agent</b><br><br><b>GALE, STEVEN</b><br><del>RR-3 BOX 637-G</del> <b>5421 NW 77 CT.</b><br><b>POMPANO BEACH FL 33073</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                | <b>10. Name and Address of New Registered Agent</b><br><b>81 Name</b> <b>Gale, Steven</b><br><b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>5421 NW 77 COURT</b><br><b>83</b><br><b>84 City</b> <b>Pompano Beach</b> <b>FL</b> <b>85 Zip Code</b> <b>33073</b> |                                                                                                        |  |
| <b>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.</b><br><b>SIGNATURE</b> <i>Steve Gale</i> <b>4-15-95</b> <b>DATE</b> <b>4-15-95</b> <b>PLEASE SIGN &amp; DATE</b>                                                                                      |  |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                 |                                                                                                        |  |
| <b>12. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>                                                                                                                                                                                                                    |                                                                                                        |  |
| <b>TITLE</b> <b>PD</b><br><b>NAME</b> <b>GALE, STEVEN</b><br><b>STREET ADDRESS</b> <del>RR-3, BOX 637-G</del> <b>5421 NW 77 CT.</b><br><b>CITY - ST - ZIP</b> <b>POMPANO BEACH FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                | <b>11 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>12 NAME</b><br><b>13 STREET ADDRESS</b><br><b>14 CITY - ST - ZIP</b>                                                                                                                    |                                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                | <b>21 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>22 NAME</b><br><b>23 STREET ADDRESS</b><br><b>24 CITY - ST - ZIP</b>                                                                                                                    |                                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                | <b>31 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>32 NAME</b><br><b>33 STREET ADDRESS</b><br><b>34 CITY - ST - ZIP</b>                                                                                                                    |                                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                | <b>41 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>42 NAME</b><br><b>43 STREET ADDRESS</b><br><b>44 CITY - ST - ZIP</b>                                                                                                                    |                                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                | <b>51 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>52 NAME</b><br><b>53 STREET ADDRESS</b><br><b>54 CITY - ST - ZIP</b>                                                                                                                    |                                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                | <b>61 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>62 NAME</b><br><b>63 STREET ADDRESS</b><br><b>64 CITY - ST - ZIP</b>                                                                                                                    |                                                                                                        |  |
| <b>14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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 reported, or on an attachment with an address.</b> |  |                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                 |                                                                                                        |  |
| <b>SIGNATURE:</b> <i>Steve Gale</i><br><b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                | <b>4-15-95 305-421-2603</b><br><b>DATE</b> <b>4-15-95</b> <b>PHONE</b> <b>305-421-2603</b>                                                                                                                                                                                      |                                                                                                        |  |