2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # 343145 AST PROPERTIES, INC.	 :			Se	cretary (of State
Principal Place of Business Mailing Address 225 NORTHEAST MIZNER BOULEVARD SUITE 780 BOCA RATON, FL 33432 US Mailing Address 225 NORTHEAST MIZNER BOU SUITE 780 BOCA RATON, FL 33432 U			ILEVARD				
DO NOT WRITE IN THIS SPACE				02022005 4. FEI Numb 59-126	No Chg-P	CR2E034 (10/	Applied For Not Applicable Additional
	6. Name and Address of Current Rec	istered Agent					
BECK, JEFFREY H TRUSTEE FOR SOUTHEAST BANKING CORP. 225 NORTHEAST MIZNER BLVD, SUITE 780 BOCA RATON, FL 33432			DO NOT WRITE IN THIS SPACE				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida I am familiar with, and accept							
the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NCTE Registered Agent agrature required when reinstating) DATE							
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND DIR	ECTORS		-	Πυυυυι	0218512	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP BECK, JEFFREY H 225 NOURTHEAST MIZNER BLVD, BOCA RATON, FL 33432				-80065-025	150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BECK, JEFFREY H ADDRESS 225 NORTHEAST MIZNER BLVD, SUITE 780						į
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		;
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>]</u>	IN .	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							·
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes: I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: