FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **407129** **(6)**

1. Corporation Name
SOUTHEASTERN FLORIDA PROPERTIES, INC.

400001484104
-05/11/95--01050--002
***5417.50 ****208.75

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
11098 BISCAYNE BLVD., SUITE #402 N MIAMI BCH FL 33161-7489	11098 BISCAYNE BLVD., SUITE #402 N MIAMI BCH FL 33161-7489

3. Date Incorporated or Qualified: **08/18/1972**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-1419633** ☐ 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

9. Name and Address of Current Registered Agent

BEDZOW, MICHAEL, ESQ.
20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	BEDZOW, CHARLES	12 NAME	
STREET ADDRESS	11098 BISCAYNE BLVD #402	13 STREET ADDRESS	
CITY ST ZIP	N. MIAMI FL	14 CITY ST ZIP	
TITLE	SVD	21 TITLE	☐ Change ☐ Addition
NAME	BEDZOW, SARA	22 NAME	
STREET ADDRESS	11098 BISCAYNE BLVD #402	23 STREET ADDRESS	
CITY ST ZIP	N. MIAMI FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, HOWARD	32 NAME	
STREET ADDRESS	11098 BISCAYNE BLVD #402	33 STREET ADDRESS	
CITY ST ZIP	N. MIAMI FL	34 CITY ST ZIP	
TITLE	ASD	41 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, HOWARD	42 NAME	
STREET ADDRESS	11098 BISCAYNE BLVD #402	43 STREET ADDRESS	
CITY ST ZIP	N. MIAMI FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 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: _____ 4/11/95 305-891-7987
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone

0174278 CF