

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 407129 (6)

1. Corporation Name

SOUTHEASTERN FLORIDA PROPERTIES, INC.



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
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

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

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 type or printed name of registered agent and date if applicable

(NOTE: Registered Agent's signature required when re-qualifying)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME BEDZOW, CHARLES
STREET ADDRESS 11098 BISCAYNE BLVD #402
CITY-ST-ZIP N. MIAMI FL

DELETE

TITLE SVD
NAME BEDZOW, SARA
STREET ADDRESS 11098 BISCAYNE BLVD #402
CITY-ST-ZIP N. MIAMI FL

DELETE

TITLE VD
NAME SHAPIRO, HOWARD
STREET ADDRESS 11098 BISCAYNE BLVD #402
CITY-ST-ZIP N. MIAMI FL

DELETE

TITLE ASD
NAME SHAPIRO, HOWARD
STREET ADDRESS 11098 BISCAYNE BLVD #402
CITY-ST-ZIP N. MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96

305 891 7587

CR2E034 (3/96)