

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 564826 (6)

1. Corporation Name

SECTION 12 PROPERTY CORP.

Principal Place of Business

Mailing Address

~~2699 S BAYSHORE DR #800A~~
MIAMI FL 33133

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MIAMI FL 33133



900001840779
-05/28/96--01032--021
***2200.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	9700 So. Dixie Hwy.	26	9700 So. Dixie Hwy.	12/27/1977		02/27/1995	
22. Suite, Apt. #, etc. Suite 570		27. Suite, Apt. #, etc. Suite 570		4. FEI Number 65-0234998		Applied For Not Applicable	
23. City & State Miami, Florida		28. City & State Miami, Florida		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24. Zip 33156		29. Zip 33156		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAILEY, HUNT, JONES & BUSTO, P.A. 501 BRICKELL KEY DR STE 300 COURVOISIER CENTRE MIAMI FL 33131-9608				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 of President or Director of the corporation (the officer or director whose signature is required when registering) DATE Registered Agent's signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TDP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, GUY B.	1.2 NAME	
STREET ADDRESS	2699 S BAYSHORE DR #800A	1.3 STREET ADDRESS	9700 So. Dixie Hwy., #570
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl. 33156
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABCOCK, E. VOSE III	2.2 NAME	
STREET ADDRESS	2699 S BAYSHORE DR #800A	2.3 STREET ADDRESS	9700 So. Dixie Hwy., #570
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fl. 33156
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABCOCK, MARY A.	3.2 NAME	
STREET ADDRESS	2699 S BAYSHORE DR #800A	3.3 STREET ADDRESS	9700 So. Dixie Hwy., #570
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Fl. 33156
TITLE	DVP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, JOHN R	4.2 NAME	
STREET ADDRESS	2699 S BAYSHORE DR #800A	4.3 STREET ADDRESS	9700 So. Dixie Hwy., #570
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, Fl. 33156
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM VI, K.	5.2 NAME	
STREET ADDRESS	2699 S BAYSHORE DR #800A	5.3 STREET ADDRESS	9700 So. Dixie Hwy., #570
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, Fl. 33156
TITLE	ASD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, PATRICIA E.	6.2 NAME	
STREET ADDRESS	2699 S BAYSHORE DR #800A	6.3 STREET ADDRESS	9700 So. Dixie Hwy., #570
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, Fl. 33156

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Guy B. Bailey, President

April 22, 1996 (305)670-0303
 Date: _____
 Docket # _____

CR2E034 (12/95)