

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **564829** (0)

95 FEB 27 PM 3:23

1. Corporation Name  
**SECTION 2 PROPERTY CORP.**

Principal Place of Business	Mailing Address
2600 S. BAYSHORE DR. #800A MIAMI FL 33133	2600 S. BAYSHORE DR. #800A MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/27/1977</b>	3a. Date of Last Report <b>05/01/1984</b>
4. FEI Number <b>95-1974524</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 300  
COURVOISIER CENTRE  
MIAMI FL 33131-9908

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable (SEE) Registered Agent signature (as per constitution) (SEE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, GUY B.</b>	1.2 NAME	
STREET ADDRESS	<b>2600 S BAYSHORE DR #800A</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	1.4 CITY- ST- ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BABCOCK, E. VOSE III</b>	2.2 NAME	
STREET ADDRESS	<b>2600 S BAYSHORE DR #800A</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	2.4 CITY- ST- ZIP	
TITLE	<b>DVP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, JOHN R</b>	3.2 NAME	
STREET ADDRESS	<b>2600 S BAYSHORE DR #800A</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	3.4 CITY- ST- ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALCOLM VI, K.</b>	4.2 NAME	
STREET ADDRESS	<b>2600 S BAYSHORE DR #800A</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	4.4 CITY- ST- ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, PATRICIA E.</b>	5.2 NAME	
STREET ADDRESS	<b>2600 S BAYSHORE DR #800A</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	5.4 CITY- ST- ZIP	
TITLE	<b>ASD</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BABCOCK, MARY A.</b>	6.2 NAME	
STREET ADDRESS	<b>2600 S BAYSHORE DR #800A</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	6.4 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 111.07(2)(b), 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 in person; 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 as an attachment with an address.

SIGNATURE:  , John R. Bailey, V.P.

2/8/95 (305)856-3930