

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 564829 (0)**

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

Principal Place of Business <b>9700 SO. DIXIE HWY., #570 MIAMI FL 33156</b>	Mailing Address <b>9700 SO. DIXIE HWY., #570 MIAMI FL 33156-2800</b>
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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

3. Date Incorporated or Qualified <b>12/27/1977</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>95-1974524</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BAILEY, HUNT, JONES & BUSTO, P.A.  
501 BRICKELL KEY DR 300  
COURVOISIER CENTRE  
MIAMI FL 33131-9808**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BAILEY, GUY B.	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BABCOCK, E. VOSE III	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BAILEY, JOHN R	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MALCOLM VI, K.	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, PATRICIA E.	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	BABCOCK, MARY A.	
STREET ADDRESS	9700 SO. DIXIE HWY., #570	
CITY-ST-ZIP	MIAMI FL 33156	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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-07/11/97-01120-004  
\*\*\*5526.25 \*\*\*\*550.00

*A. Alan*  
*9/8/97*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ DATE **7/1/97** (305) 670-0303

CR2E034 (9/96)