

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 596417 (6)  
1. Corporation Name:  
MIDLAND PROPERTIES, INC.

Principal Place of Business STE 206, 21301 POWERLINE RD BOCA RATON FL 33433	Mailing Address STE 206, 21301 POWERLINE RD BOCA RATON FL 33433-2393
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3. Date Incorporated or Qualified 11/29/1978	3a. Date of Last Report 08/07/1996
4. FEI Number 59-2139673	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 4928 S. LESTUNE RD Suite, Apt. #, etc.	22. Mailing Address 4928 S. LESTUNE RD Suite, Apt. #, etc.
23. City & State MIAMI FL	24. City & State MIAMI FL
25. Zip 33146	26. Zip 33146
27. Country USA	28. Country USA

9. Name and Address of Current Registered Agent ISSA, CHRISTOPHER 21301 POWERLINE RD. SUITE 206 BOCA RATON, FL 33433	10. Name and Address of New Registered Agent 81 Name CHRISTOPHER ISSA 82 Street Address (P.O. Box Number is Not Acceptable) 4928 S. LESTUNE RD 83 84 City MIAMI 85 Zip Code FL 33146
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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: *Christopher Issa* (NOTE: Registered Agent signature required when reinstating) DATE: 7/20/97

12. OFFICERS AND DIRECTORS	
TITLE	SDP
NAME	ISSA, CHRISTOPHER
STREET ADDRESS	21301 POWERLINE RD #206
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	ISSA, CHRISTOPHER
STREET ADDRESS	150 E PALMETTO PK RD#101
CITY - ST - ZIP	BOCA RATON FL
TITLE	P
NAME	ISSA, CHRISTOPHER
STREET ADDRESS	150 E PALMETTO PK RD#101
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4928 S. LESTUNE RD
1.4 CITY - ST - ZIP	MIAMI, FL 33146
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4928 S. LESTUNE RD
2.4 CITY - ST - ZIP	MIAMI FL 33146
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4928 S. LESTUNE RD
3.4 CITY - ST - ZIP	MIAMI, FL 3314
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	

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 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: *Christopher Issa* 7/20/97 305 668 0008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)