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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

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**

3. Date Incorporated or Qualified: **11/29/1978**
 3a. Date of Last Report: **08/07/1996**

21. Principal Place of Business: **4928 S. LEJEUNE RD**
 22. Suite, Apt. #, etc.:
 23. City & State: **MIAMI FL**
 24. Zip: **33146** 25. Country: **USA**
 26. Mailing Address: **4928 S. LEJEUNE RD**
 27. Suite, Apt. #, etc.:
 28. City & State: **MIAMI FL**
 29. Zip: **33146** 30. Country: **USA**
 4. FEI Number: **59-2139673**
 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:
ISSA, CHRISTOPHER
21301 POWERLINE RD. SUITE 206
BOCA RATON, FL ABW 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. LEJEUNE RD**
 83. City: **MIAMI**
 84. State: **FL** 85. Zip Code: **33146**

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* *Resident* DATE: **7/20/97**
 Signature type: Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISSA, CHRISTOPHER	1.2 NAME	
STREET ADDRESS	21301 POWERLINE RD #206	1.3 STREET ADDRESS	4928 S. LEJEUNE RD
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	MIAMI, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	ISSA, CHRISTOPHER	2.2 NAME	4928 S. LEJEUNE RD
STREET ADDRESS	150 E PALMETTO PK RD#101	2.3 STREET ADDRESS	MIAMI FL 33146
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISSA, CHRISTOPHER	3.2 NAME	4928 S. LEJEUNE RD
STREET ADDRESS	150 E PALMETTO PK RD#101	3.3 STREET ADDRESS	MIAMI, FLORIDA 3314
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 a 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* **CHRISTOPHER ISSA** DATE: **7/20/97** DAYTIME PHONE #: **705 668 0008**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/96)