

**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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 624912 (2)**

1. Corporation Name  
**AMERA PROPERTIES, INC.**



Principal Place of Business <b>2830 UNIVERSITY DRIVE                  CORAL SPRINGS FL 33065</b>	Mailing Address <b>2830 UNIVERSITY DRIVE                  CORAL SPRINGS FL 33065-5014</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified <b>07/24/1979</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0301350</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <b>XX</b>	<b>\$8.75</b> Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	29	30	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	
<b>RAHAEL, GEORGE                  2930 UNIVERSITY DRIVE                  CORAL SPRINGS FL 33065</b>		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	<b>FL</b> B5 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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-instating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAHAEL, GEORGE</b>	1.2 NAME	
STREET ADDRESS	<b>2930 UNIVERSITY DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAHAEL, PAULINE</b>	2.2 NAME	
STREET ADDRESS	<b>2930 UNIVERSITY DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>V-Vice-President; T-Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Rahael, Georgina</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2930 University Drive</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Coral Springs, FL 33065</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>V-Vice-President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Rahael, Gisele</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>2930 University Drive</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Coral Springs, FL 33065</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>V-Vice-President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Sabga, Antoine</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>9337 W. Sample Rd, Suite 211</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Coral Springs, Fl 33065</b>
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 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  **George Rahael** 4/14/97 954-753-9500

CR2E034 (9/96)