


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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 624912 (2)
 1. Corporation Name
AMERA PROPERTIES, INC.

Principal Place of Business 2900 UNIVERSITY DRIVE CORAL SPRINGS FL 33065	Mailing Address 2900 UNIVERSITY DRIVE CORAL SPRINGS FL 33065
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2900 University Drive Suite, Apt. #, etc.		2a. Mailing Address 26 2900 University Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/24/1979	
23 Coral Springs, Florida City & State		27 Coral Springs, Florida City & State		4. FEI Number 65-0301350 Applied For <input type="checkbox"/> Not Applicable	
24 33065 Zip		25 USA Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
28 Coral Springs, Florida City & State		29 33065 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30 USA Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RAHAEL, GEORGE 2900 UNIVERSITY DRIVE CORAL SPRINGS FL 33065				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 2900 University Drive	
				83	
				84 City	
				85 Zip Code FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHAEL, GEORGE	1.2 NAME	
STREET ADDRESS	2900 UNIVERSITY DRIVE	1.3 STREET ADDRESS	2900 University Drive
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHAEL, PAULINE	2.2 NAME	
STREET ADDRESS	2900 UNIVERSITY DRIVE	2.3 STREET ADDRESS	2900 University Drive
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHAEL, GEORGINA	3.2 NAME	
STREET ADDRESS	2900 UNIVERSITY DR	3.3 STREET ADDRESS	2900 University Drive
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHAEL, GISELE	4.2 NAME	
STREET ADDRESS	2900 UNIVERSITY DR	4.3 STREET ADDRESS	2900 University Drive
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABGA, ANTOINE	5.2 NAME	
STREET ADDRESS	9337 W SAMPLE RD, SUITE 211	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	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 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* **George Rahael** 02/16/98 954-753-9500

CR2E034 (10/97)