

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 25 AM 8:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 688064 (5)

1. Corporation Name
SYD JOHNSON REALTY, INC.

Principal Place of Business Mailing Address
18164 NW 2ND AVENUE MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/17/1980** 3a. Date of Last Report **09/27/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2055302		Applied For <input type="checkbox"/> Not Applicable	
21	22 Suite, Apt. #, etc.		26	27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		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 type="checkbox"/> No	
24	25 Zip	Country	29	30 Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, ANNETTE B 5213 SW 118 AVE COOPER CITY FL 33330				61	Name		
				62	Street Address (P.O. Box Number is Not Acceptable)		
				63			
				64	City	FL	65

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) _____ (Printed Name) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL FINANCIAL OFFICERS AND DIRECTORS	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SYDNEY	12 NAME	
STREET ADDRESS	5213 SW 118TH AVE.	13 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	14 CITY - ST - ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished (and does not qualify for the exemption stated in Section 110.07(3)(k), 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: **SYDNEY JOHNSON** 7/19/95

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Printed)

CR2E034 (3/95)