

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY 15 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
- ANNUAL REPORT
1995



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

DOCUMENT # 760246 (9)
1. Corporation Name
LITTLE ARCH CREEK PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
201 SOUTH BISCAYNE BOULEVARD SUITE 2950 MIAMI FL 33131 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

3. Date Incorporated or Qualified **10/01/1981** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2171082** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GOLDSTEIN, SHARON B.
201 SOUTH BISCAYNE BOULEVARD
SUITE 2950
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARRETT, LOYD M	1.2 NAME	
STREET ADDRESS	23 GRANITE STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKPORT MA	1.4 CITY - ST - ZIP	200001 489672
TITLE	DC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWN, HOWARD M.	2.2 NAME	05/17/95--0100 Range 0210
STREET ADDRESS	9801 COLLINS AVENUE	2.3 STREET ADDRESS	****155.00 ****155.00
CITY - ST - ZIP	BAL HARBOUR FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMERANTZ, RANDI	3.2 NAME	200001 489672
STREET ADDRESS	280 PARK AVENUE	3.3 STREET ADDRESS	05/17/95--01007--022
CITY - ST - ZIP	PARK RIDGE NJ	3.4 CITY - ST - ZIP	*****8.75 *****8.75
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINICK, HERBERT R.	4.2 NAME	
STREET ADDRESS	923 BETH LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WOODMERE, NY 0	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMANN, JEFFREY D.	5.2 NAME	
STREET ADDRESS	20120 NE 10 P.	5.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 resolver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard M. Lawn 5/10/95 305-536-8210
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date (System 1/2/95)