SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT #

1. Corporation Name F85845 (8)AMERICAN SOUTHERN PROPERTIES, INC. Mailing Address Principal Place of Business 2631 E OAKLAND PARK BLVD ST 203 2631 E OAKLAND PARK BLVD ST 203 FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306 3. Date incorporated or Qualified 3a. Date of Last Report 06/17/1982 08/10/1995 2. Principal Place of Business FEI Number Applied For 2a. Mailing Address 59-2210492 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 **\$5.00** May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation has liability for intangible tax under s. 199 032 Ζıp Coording Yes 🔀 No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TRUSKO, LELAND G. Street Address (P.O. Box Number is Not Acceptable) 2631 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE FL 33306 83 Zip Code 84 City 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed nervie of registeroid agent and tice if applicative (NOTE: Burg stored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE CR2E034 1.2 NAME TRUSKO, LELAND NAME 2615 S.W. 74TH TERRACE 1.3 STREET ADORESS STREET ADDRESS DAVIE FL 14 City - ST- ZIP CITY-ST-ZIP Change Addition DELETE 2 1 1/HE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADURESS STREET ADDRESS 34 CITY ST-ZIP CITY-S1-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4 3 STHEET ADDRESS STREET ADDRESS 4 4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELFTE 5 LTIFLE TIFLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 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)(x). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. CITY-ST-ZIP

20 pres il 18/6/96

TED NAME OF SIGNING OFFICER

SIGNATURE;