

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G26107** (4)

1. Corporation Name

CAUSEY PROPERTIES, INC.

Principal Place of Business

**9940 SOUTHWEST 62ND STREET
MIAMI FL 33173**

Mailing Address

**9940 SOUTHWEST 62ND STREET
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/02/1983

3a. Date of Last Report

04/12/1994

4. FEI Number

65-0279974

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 7100 W 45th St SW

2a. Mailing Address

26 9940 SW 62nd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33173

Country

25 DADE

Zip

29 33173

Country

30 DADE

9. Name and Address of Current Registered Agent

**TEST, SANDRA L
9400 SOUTH DADELAND BLVD., SUITE 300
MIAMI FL 33156**

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 607.1506, 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 signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAUSEY, ALVIS L.
STREET ADDRESS	7004 S.W. 45TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	CAUSEY, ROBERT L.
STREET ADDRESS	9940 S.W. 62ND STREET
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	CAUSEY, VERONA
STREET ADDRESS	7004 S.W. 45TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 119.07(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:

Robert L. CAUSEY

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4-6-95

305-274-2246