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03-03-1999 90054 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J00739

1. Corporation Name
LEWIS PROPERTY INVESTORS, INC.

Principal Place of Business	Mailing Address
~~1 HABOR CLUB DR~~ ~~KEY LARGO FL 33037~~ US	~~100 ANCHOR DR~~ ~~#18~~ ~~KEY LARGO FL 33037~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8925 SW 148 ST	2a. Mailing Address 26 8925 SW 148 ST
Suite, Apt. #, etc. 22 #218	Suite, Apt. #, etc. 27 #218
City & State 23 MIAMI FLA	City & State 28 MIAMI FL
Zip 24 33176 Country 25 DADE	Zip 29 33176 Country 30 DADE

3. Date Incorporated or Qualifed: 02/24/1986

4. FEI Number: 59-2642237 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~CORPORATION COMPANY OF MIAMI~~
~~1600 MIAMI CENTER~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: SKRLJ, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA Circle
83: Suite 1102
84 City: CORAL GABLES FL 85 Zip Code: 33134

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] VICE PRESIDENT 2-10-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LEWIS, THOMAS E.		1.2 NAME		
STREET ADDRESS	~~100 ANCHOR DR, #18~~		1.3 STREET ADDRESS	8925 SW 148 ST #218	
CITY-ST-ZIP	~~KEY LARGO FL 33037~~		1.4 CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VPAS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BARNES, JOEL D		2.2 NAME		
STREET ADDRESS	~~100 ANCHOR DR, #18~~		2.3 STREET ADDRESS	8925 SW 148 ST #218	
CITY-ST-ZIP	~~KEY LARGO FL 33037~~		2.4 CITY-ST-ZIP	MIAMI FL 33176	
TITLE	ST	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	KLISIEWECZ, FRANCES		3.2 NAME		
STREET ADDRESS	~~100 ANCHOR DR, #18~~		3.3 STREET ADDRESS	8925 SW 148 ST #218	
CITY-ST-ZIP	~~KEY LARGO FL 33037~~		3.4 CITY-ST-ZIP	MIAMI FL 33176	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)