


**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90050 050 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # J05881**

1. Corporation Name  
**FORECLOSURE PROPERTIES, INC.**

Principal Place of Business  
~~4992 LELEUNE RD SOUTH~~  
~~CORAL GABLES, FL 33146~~

Mailing Address  
~~4992 LELEUNE RD SOUTH~~  
~~CORAL GABLES, FL 33146~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1986

2. Principal Place of Business  
**21 13899 Biscayne Blvd**

2a. Mailing Address

**26 same**  
 Suite, Apt. #, etc.

**22 Suite 103**

**27**  
 City & State

**23 North Miami Beach, Fl.**

**28**  
 City & State

**24 33181**

**25**  
 Country

**29**  
 Zip

**30**  
 Country

4. FEI Number  
**59-2669073**

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

9. Name and Address of Current Registered Agent

**WOLFSON, BERNORD**  
**2655 LELEUNE ROAD**  
**PENTHOUSE #1-D**  
**CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**PD** ☐ DELETE  
**JOHNSON, ROLF D**  
**3333 A LAGON AVE, SUITE 507**  
**CORAL GABLES, FL 33134**

**STD** ☐ DELETE  
**JOHNSON, MARIA V**  
**3333 A LAGON AVE, SUITE 507**  
**CORAL GABLES, FL 33134**

☐ DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 checked, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)