

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J94807** (1)

1. Corporation Name
SEC COMMERCIAL REALTY GROUP, INC.



Principal Place of Business: **% ELLEN ROSE, 1541 SUNSET DR., STE. 300, CORAL GABLES FL 33143**
Mailing Address: **% ELLEN ROSE, 1541 SUNSET DR., STE. 300, CORAL GABLES FL 33143**

3. Date Incorporated or Qualified: **09/30/1987** 3a. Date of Last Report: **05/01/1995**
4. FFI Number: **65-0015758** 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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
HIGIER, GERALD M., 1541 SUNSET DR., STE. 300, CORAL GABLES FL 33143

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ 85 Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	HIGIER, GERALD M.	
STREET ADDRESS	1541 SUNSET DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	LOVETT, DAN	
STREET ADDRESS	1541 SUNSET DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	ROULEAU, WILLIAM	
STREET ADDRESS	1541 SUNSET DRIVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	Asst Secretary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	Ellen Rose		
23 STREET ADDRESS	5th Floor 1111 Lincoln Road		
24 CITY-ST-ZIP	Miami Beach, FL 33139		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE	600001808636	<input type="checkbox"/>	<input type="checkbox"/>
52 NAME	-05/06/96--01026--011		
53 STREET ADDRESS	***200.00		
54 CITY-ST-ZIP	5/1/96		
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 as an attachment with an address.

SIGNATURE: *Gerald M. Higier* **GERALD M. HIGIER** 4/16/1996 (305) 666-2140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)