

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
CONSUMER PROTECTION DIVISION

APPROVED
AND
FILED

57 MAY 11 AM 0:23

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **K12794 (9)**

1. Corporation Name
LAYNE PROPERTY INVESTMENTS, INC.

Principal Office of Headquarters
**PO-BOX 1400
HALLANDALE FL-33009-1400**

Mailing Address
**P.O. BOX 630394
MIAMI FL 33163
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **PO Box 630394**
26
22
23 **Miami, Florida**
24 **33163** 25 **DADE** 29 30

3. Date Incorporated or Qualified **01/25/1988** 3a. Date of Last Report **06/07/1994**

4. FEI Number **65-0028033** 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**

7. Has corporation had liability for intangible tax under § 190.052,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LAYNE, FREDRIC B.
2560 N.E. 209TH TERR.
MIAMI FL 33180**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2560 N E 209th Terrace
83
84 City **Miami** FL 85 Zip Code **33180**

11. Pursuant to the provisions of Sections 607.04(2) and (4)(7), 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 607.04(5), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

1. TITLE	PD
2. NAME	LAYNE, FRED
3. STREET ADDRESS	2560 N.E. 209TH TERR.
4. CITY, ST, ZIP	MIAMI, FL 33015
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		
25. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME		
27. STREET ADDRESS		
28. CITY, ST, ZIP		
29. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME		
31. STREET ADDRESS		
32. CITY, ST, ZIP		
33. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME		
35. STREET ADDRESS		
36. 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 194.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report, true and correct and that my signature shall have the same legal effect if made on behalf of any officer or director of the corporation or the trustee 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 of this report as an officer or trustee with an address.

SIGNATURE: *Fred Layne*
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (307) 787-9400
Date Date of Filing