

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # K12794 (9)**

1. Corporation Name  
**LAYNE PROPERTY INVESTMENTS, INC.**



Principal Place of Business: PO BOX 630394 MIAMI FL 33163 US

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

25

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified: **01/25/1988**

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**LAYNE, FREDRIC B.**  
~~2150 N.E. 207 ST.~~  
~~N. MIAMI BCH FL 33179~~

10. Name and Address of New Registered Agent

81 Name: **LAYNE, Fredric B.**

82 Street Address (P.O. Box Number is Not Acceptable): **950 N. Federal Highway Suite 219**

83

84 City: **Pompano Beach** FL 85 Zip Code: **33062**

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: *Fredric B. Layne* DATE: **1/12/98**

(NOTE: Registered Agent Signature required when recasting)

12. OFFICERS AND DIRECTORS

TITLE: PD NAME: LAYNE, FRED

STREET ADDRESS: ~~2150 N.E. 207TH ST.~~

CITY - ST - ZIP: ~~N. MIAMI BCH FL~~

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  Change  Addition

1.2 NAME:

1.3 STREET ADDRESS: **950 N. Federal Highway suite 219**

1.4 CITY - ST - ZIP: **Pompano Beach, Florida 33062**

2.1 TITLE:  Change  Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY - ST - ZIP:

3.1 TITLE:  Change  Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY - ST - ZIP:

4.1 TITLE:  Change  Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY - ST - ZIP:

5.1 TITLE:  Change  Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY - ST - ZIP:

6.1 TITLE:  Change  Addition

6.2 NAME:

6.3 STREET ADDRESS:

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.

SIGNATURE: *Fredric B. Layne* DATE: **1/12/98 (207) 952 9400**

CR2E034 (10/97)