

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SE M 1 14 2:57

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **K58668**

(0)

1. Corporation Name

THE FIFTY ACRES CORP.

Principal Place of Business

% NEAL S. LITMAN
2000 S. DIXIE HWY. SUITE 200
MIAMI FL 33133

Mailing Address

% NEAL S. LITMAN
2000 S. DIXIE HWY. SUITE 200
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21. City & State

26. Mailing Address

26. City & State

3. Date Incorporated or Organized 01/17/1989	3a. Date of Last Report 05/13/1994
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22. City & State

27. City & State

4. FEI Number 59-2939769	Applied For <input type="checkbox"/> Not Applicable
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23. City & State

28. City & State

5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
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24. City & State

29. City & State

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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25. City & State

30. City & State

7. Does corporation have authority to do business under D. 1093 (F) of Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

LITMAN, NEAL S.
2000 S. DIXIE HWY.
SUITE 200
MIAMI FL 33133

81. Name LITMAN, NEAL S.	82. Street Address (P.O. Box Number if Not Applicable) 2000 S. DIXIE HWY. #200
83.	
84. City MIAMI	85. Zip Code 33133

11. I, the undersigned, being the registered agent of this corporation under Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. I, being the registered agent of the above named corporation was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am appointed as of the date of this document. I understand Florida Statutes.

SIGNATURE

12. OFFICER, AND DIRECTOR CODE

13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	D LITMAN, NEAL S. 2000 S. DIXIE HWY. #200 MIAMI FL	1. NAME LITMAN, NEAL S. 2000 S. DIXIE HWY. #200 MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D STARK, JAMES 524 S. ANDREWS AVE. 210N FT. LAUDERDALE FL	2. NAME STARK, JAMES 524 S. ANDREWS AVE. 210N FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME STARK, JAMES 524 S. ANDREWS AVE. 210N FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME STARK, JAMES 524 S. ANDREWS AVE. 210N FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME STARK, JAMES 524 S. ANDREWS AVE. 210N FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME STARK, JAMES 524 S. ANDREWS AVE. 210N FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME STARK, JAMES 524 S. ANDREWS AVE. 210N FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME STARK, JAMES 524 S. ANDREWS AVE. 210N FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME STARK, JAMES 524 S. ANDREWS AVE. 210N FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME STARK, JAMES 524 S. ANDREWS AVE. 210N FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, orally that this information is supplied with the filing is voluntarily furnished and done not orally for the exemption stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information is made true, the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make under oath that I am an officer or director of the corporation or the member or trustee empowered to execute the report as required by Chapter 109, Florida Statutes, and that my name appears in Block 1 or Block 1A of the form or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

(305)
52 - 3530

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