

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K66530 (2)

1. Corporation Name

FLORIDA FEDERAL PROPERTY MANAGEMENT, INC.



Principal Place of Business

**7200 GRIFFIN RD.
SUITE 2A
DAVIE FL 33314**

Mailing Address

**7200 GRIFFIN RD.
SUITE 2A
DAVIE FL 33314**

3. Date Incorporated or Qualified
02/17/1989

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

21 **2300 W. Sample Rd.**

Suite, Apt. #, etc.

22 **Suite 200 A**

23 **Pompano Beach, FL**

City & State

24 **33073**

Zip

25 **Broward**

County

2a. Mailing Address

26 **2300 W. Sample Rd.**

Suite, Apt. #, etc.

27 **Suite 200 A**

28 **Pompano Beach, FL**

City & State

29 **33073**

Zip

30 **Broward**

County

4. FEI Number
65-0100091

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**HERMAN, TAMMI
7200 GRIFFIN RD.
DAVIE FL 33314**

81 Name
Richard Lucas

82 Street Address (P.O. Box Number is Not Acceptable)
2300 W. Sample Rd. Suite 200 A

83

84 City
Pompano Beach

FL

85 Zip Code
33073

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 **Richard Lucas**

(NOTE: Registered Agent signature required when "reinstating")

4/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P LUCAS, RICHARD
STREET ADDRESS
7200 GRIFFIN RD.
CITY-STATE-ZIP
DAVIE FL

TITLE ☐ DELETE

NAME
ST LUCAS, PEGGY
STREET ADDRESS
7200 GRIFFIN RD.
CITY-STATE-ZIP
DAVIE FL

TITLE ☒ DELETE

NAME
V CAMPBELL, MARK
STREET ADDRESS
7200 GRIFFIN RD.
CITY-STATE-ZIP
DAVIE FL

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
STREET ADDRESS
CITY-STATE-ZIP
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
STREET ADDRESS
CITY-STATE-ZIP
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
STREET ADDRESS
CITY-STATE-ZIP
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS
2300 W. Sample Rd. St. 200 A

1.4 CITY-STATE-ZIP
Pompano Beach, FL 33073

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS
2300 W. Sample Rd. St. 200 A

2.4 CITY-STATE-ZIP
Pompano Beach, FL 33073

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 on an attachment with an address.

SIGNATURE: **Richard Lucas** **Richard Lucas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

954 972-1195

DATE

Telephone Number

CR2E034 (12/95)