FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUN 15 AM 7:40

DOCUMENT # **K91413** **(0)**

1. Corporation Name
SIZELER REAL ESTATE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
440 ROYAL PALM WAY STE 300 PALM BEACH FL 33480 US	% DAVID A. GART 440 ROYAL PALM WAY, SUITE 200 PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/30/1989
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 SMITH & BROWN C/O DAVID GART	26 250 AUSTRALIAN AVE SOUTH
Suite, Apt. #, etc. 22 250 AUSTRALIAN AVE SOUTH AVE C COMPLIANCE CENTER, SUITE 530	Suite, Apt. #, etc. 27 SUITE 500
City & State 23 WEST PALM BEACH, FL	City & State 28 WEST PALM BEACH, FL
Zip / Country 24 33401 / 25 U.S.	Zip / Country 29 33401 / 30 U.S.

4. FEI Number: 72-1145122 — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GART, DAVID A. 440 ROYAL PALM WAY STE 300 PALM BEACH FL 33480	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 250 AUSTRALIAN AVE SOUTH 83 SUITE 500 84 City: WEST PALM BEACH FL 85 Zip Code: 33401

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 _____ (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	CAMPBELL, COLIN	12 NAME	
STREET ADDRESS	2505-C OKEECHOBEE BLVD	13 STREET ADDRESS	2491-E OKEECHOBEE BLVD.
CITY ST ZIP	W PALM BCH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BURK, MAURICE L.	22 NAME	
STREET ADDRESS	2542 WILLIAMS BLVD.	23 STREET ADDRESS	
CITY ST ZIP	KENNER LA	24 CITY ST ZIP	
TITLE	D	31 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	LEFKOWITS, HOWARD K.	32 NAME	LEFKOWITS, HOWARD K.
STREET ADDRESS		33 STREET ADDRESS	2491-E OKEECHOBEE BLVD.
CITY ST ZIP		34 CITY ST ZIP	WEST PALM BEACH, FL 33409
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	700001515367
STREET ADDRESS		53 STREET ADDRESS	-06/16/95--01045--015
CITY ST ZIP		54 CITY ST ZIP	****208.75 ****208.75
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

KC

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)(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 added to an attachment with an address.

SIGNATURE: _____ 4/19/95 (Date) 954-471-6201 (Daytime Phone)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0276004 CP