

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K91413 (0)

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



Principal Place of Business 250 AUSTRALIAN AVE SOUTH SUITE 500 WEST PALM BEACH FL 33401 US	Mailing Address % DAVID A. GART 250 AUSTRALIAN AVENUE SOUTH WEST PALM BEACH FL 33401-5010 US
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3. Date Incorporated or Qualified 05/30/1989	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
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22. City & State	27. City & State
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23. Zip	28. Zip
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24. Country	29. Country
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4. FEI Number 72-1145122	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GART, DAVID
SHUTTS & BOWEN
250 AUSTRALIAN AVE. S., SUITE 500
W. PALM BEACH FL 33401

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PRIGGE, SCOTT 2491 E. OKEECHOBEE BLVD WEST PALM BEACH FL	☐ DELETE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CHERAMIE, GUY M 2542 WILLIAMS ROAD KENNER LA	☐ DELETE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEFKOWITZ, HOWARD 2491 E. OKEECHOBEE BLVD WEST PALM BCH FL	☐ DELETE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition
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2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
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3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	PRESIDENT ☒ Change ☐ Addition
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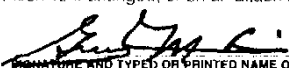
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
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5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
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6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition
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14. I do 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUY M. CHERAMIE

2/27/97
Date

504-471-6254
Daytime Phone #

0204808

CR2E034 (9/96)