

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

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 661448			
1. Corporation Name			
CORPORATE PROPERTY MANAGEMENT, INC.			
Principal Place of Business		Mailing Address	
6501 PARK OF COMMERCE BLVD #200 BOCA RATON, FL 33487			
2. Principal Place of Business		2a. Mailing Address	
21 6501 PARK OF COMMERCE BLVD		26 6501 PARK OF COMM BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 200		27 200	
City & State		City & State	
23 BOCA RATON, FL		28 BOCA RATON, FL	
Zip		Zip	
24 33487		29 33487	
Country		Country	
25 PALM BEACH		30 PALM BEACH	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DIANE WACKS 6501 PARK OF COMMERCE BLVD SUITE 200 BOCA RATON, FL 33487		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: <u>Diane Wacks</u>			
* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIANE WACKS PD	11 TITLE	
NAME	6501 PARK OF COMMERCE BLVD STE 200	12 NAME	
STREET ADDRESS	BOCA RATON, FL 33487	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - 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: <u>Diane Wacks</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date: 04-25-96 Daytime Phone #: 407-241-8300			