

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M63627** (7)

1. Corporation Name
EVERGREEN PROPERTIES, INC.

Principal Place of Business

**LOEB, BLOCK & WACKSMAN
505 PARK AVE SUITE 900
NEW YORK NY 10022**

Mailing Address

**LOEB, BLOCK & WACKSMAN
505 PARK AVE SUITE 900
NEW YORK NY 10022**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Loeb, Block & Partners LLP Suite, Apt. #, etc. 22 505 Park Avenue 9th Floor City & State 23 New York, New York Zip 10022 Country		2a. Mailing Address 26 Loeb, Block & Partners LLP Suite, Apt. #, etc. 27 505 Park Avenue 9th Floor City & State 28 New York, New York Zip 10022 Country		3. Date Incorporated or Qualified 12/14/1987	
		4. FEI Number 65-0019121		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MR. HECTOR J.
2655 LE JEUNE RD.
SUITE 1107
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACKSMAN, LEONARD	1.2 NAME	
STREET ADDRESS	505 PARK AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY.	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, CHARLES J.	2.2 NAME	
STREET ADDRESS	505 PARK AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY.	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELZER, HERBERT M.	3.2 NAME	
STREET ADDRESS	505 PARK AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY.	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Leonard Wacksmann

Leonard Wacksmann, President

CR2E034 (10/97)