

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M83137** (3)

1. Corporation Name
EF PROPERTIES, INC.

Principal Place of Business: **% JOHN J. FEELEY JR**
111 FOUNTAINEBLEAU BLVD
MIAMI FL 33172
US

Mailing Address:
111 FOUNTAINEBLEAU BLVD
MIAMI FL 33172
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/31/1988	3a. Date of Last Report 04/13/1994
4. FEI Number 65-0068541	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 Contributor <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for litigation tax under § 129.035 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State Apt. # etc. 22	State Apt. # etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FEELEY, JOHN J JR 111 FOUNTAINEBLEAU BLVD MIAMI FL 33172		81 Name	
		82 Street Address (if O Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607 (04) and 607 (15)(b), 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 (05)(b), Florida Statutes.

SIGNATURE: _____ (Name of Registered Agent) _____ (Name of Registered Agent) _____ (Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if any)	
1. TITLE	PSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	FEELEY, JOHN J.	2.1 NAME	
3. STREET ADDRESS	111 FOUNTAINEBLEAU BLVD	3.1 STREET ADDRESS	
4. CITY & STATE	MIAMI FL	4.1 CITY & STATE	
5. TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	FEELEY, VICKI	6.1 NAME	
7. STREET ADDRESS	111 FOUNTAINEBLEAU BLVD	7.1 STREET ADDRESS	
8. CITY & STATE	MIAMI FL	8.1 CITY & STATE	
9. TITLE		9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10.1 NAME	
11. STREET ADDRESS		11.1 STREET ADDRESS	
12. CITY & STATE		12.1 CITY & STATE	
13. TITLE		13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY & STATE		16.1 CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 134.01(1)(b), Florida Statutes. I further certify that the information reported 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 any officer or director of the corporation or the receiver or trustee empowered to make this report, as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 3 if changed, or as an attachment with an address.

SIGNATURE: *John J. Feeley* **John J. Feeley** **4/26/95** **(305)559-4100**
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR