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

APPROVED AND FILED
95 MAR 15 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M84466 (5)

1. Corporation Name
LANDLORDIAN PUBLICATIONS, INC.

Principal Place of Business	Mailing Address
% ALAN B. SAKOWITZ 1065 N.E. 125TH ST. NORTH MIAMI FL 33161	% ALAN B. SAKOWITZ 1065 N.E. 125TH ST. NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/03/1988	3a. Date of Last Report: 02/07/1994
4. FEI Number: 65-0058561	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1111 Kane Concourse	26 1111 Kane Concourse
Suite, Apt. #, etc. 22 Suite 401	Suite, Apt. #, etc. 27 Suite 401
City & State 23 Bay Harbor Islands, Florida	City & State 28 Bay Harbor Islands, Florida
Zip 24 33154	Country 25 Dade
Zip 29 33154	Country 30 Dade

8. Name and Address of Current Registered Agent

SAKOWITZ, ALAN B.
1065 N.E. 125TH ST.
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

31 Name: Alan Sakowitz
32 Street Address (P.O. Box Number is Not Acceptable): 1111 Kane Concourse
33 Suite 401
34 City: Bay Harbor Islands, FL 35 Zip Code: 33154

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: _____ Alan Sakowitz, President 3/8/95
Signature, type 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	D	1.1 TITLE	☒ Change ☐ Addition
NAME	SAKOWITZ, ALAN B.	1.2 NAME	Alan Sakowitz
STREET ADDRESS	1065 N.E. 125TH ST.	1.3 STREET ADDRESS	1111 Kane Concourse, Ste 401
CITY-ST-ZIP	NORTH MIAMI FL	1.4 CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(i), Florida Statutes. I further certify that the information indicated on this 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: _____ Alan Sakowitz, President 3/8/95 305-865-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone

0173510 CP