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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name # P92000002990 (9)	OCUMENT # Corporation Name	P92000002990	(9)
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SELZNICK PROPERTIES, INC. Principal Place of Business Mailing Address 13402 SW 128TH ST 13402 SW 128TH ST MIAMI FL 33186 MIAMI FL 33186 3. Date Incorporated or Qualified 3a. Date of Last Report 11/09/1992 04/26/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0425141 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Z_{10} Country 8. This corporation has liability for intangible tax under s 199,032, 24 25 29 30 Florida Statutes Yes No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARRIS, BRUCE 82 Street Address (P.O. Box Number is Not Acceptable) 13402 SW 128TH ST 1 83 MIAMI FL 33186 City 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, typed or ponted name of registered agent and title if a plicable (NOTE: Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1. 1 THLE ☐ Change ☐ Addition NAME SELZNICK, L J 1.2 NAME CR2E034 STREET ADDRESS 6619 S DIXIE HWY BOX 384 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 C/TY-ST-Z/P TITLE DELETE 2.1 TITLE ___ Change Addition NAME SELZNICK, DANIEL M 2.2 NAME STREET ADDRESS 45 E 66TH ST 2.3 STREET ADDRESS **NEW YORK NY 10021** CITY - S1 - 7IP 2 4 C(1) - ST - Z(P TITLE DELETE 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE [] DELETE 4 1 TUBE Change ___ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CHY-ST-ZIP TITLE DELETE 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY - \$1 - ZIP DELETE TITLE 6 1 TITLE [] Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, by on an attachment with an address

6 4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND THE ON PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

(12/95)