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

**PROFIT CORPORATION** ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000033062 (9)

SOUTHERN PROPERTIES FUND II, INC.

Principal Place of Business

Mailing Addross

## FILED May 19 1998 8:00am Secretary of State



% RICHARD FINKELSTEIN % RICHARD FINKELSTEIN 1000 CLINT MOORE RD. #110 1000 CLINT MOORE RD., #110 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33487** BOCA RATON FL 33487 3. Date Incorporated or Qualified 05/06/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0412301 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Ζıρ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WOHL, MICHAEL D 2665 S. BAYSHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 #202 83 **COCONUT GROVE FL 33133** 84 City 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 prefed harve of reportered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE ☐ Change 1.1 TITLE TITLE WOHL, MICHAEL D NAME 1.2 NAME 2665 S. BAYSHORE DR., #202 STREET ADDRESS 1.3 STREET ADDRESS **COCONUT GROVE FL 33133** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change \_\_\_ Addition DELETE 2.1 TITLE TITLE ENDELSON, KENNETH 2.2 NAME NAME 2665 S. BAYSHORE DR., #202 2.3 STREET ADDRESS STREET ADDRESS **COCONUT GROVE FL 33133** 2 4 CITY-ST-ZIP CITY-ST-Z#P Change Addition DELETE 31 TITLE TITLE FINKELSTEIN, RICHARD 3.2 NAME NAME 2665 S. BAYSHORE DR., #202 3 3 STREET ADDRESS STREET ADDRESS **COCONUT GROVE FL 33133** CITY-ST-7IP 3.4. CITY - ST - ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP CITY-\$T-ZIP Addition Change DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 suppliemental 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.