

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 JUN 28 AM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000038225 (7)

1. Corporation Name
SOUTH FLORIDA PROPERTY DEVELOPERS, INC.

Principal Place of Business Mailing Address
~~13044 S.W. 142 AVE. UNIT F MIAMI FL 33186~~ **14228 SW 136 ST. P.O. BOX 700213 MIAMI FL 33170**
~~MIAMI FL 33186~~
(NOT A MAIL ADDRESS)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified **05/27/1993**
3a. Date of Last Report **08/19/1994**
4. FEI Number **65-0413778**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SCOTT, JOANNE
15880 SW 76 STREET
MIAMI, FL 33186
~~13044 S.W. 142 AVE. UNIT F MIAMI FL 33186~~
~~MIAMI FL 33186~~
P.O. Box 700213
MIAMI, FL 33170

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SCOTT, JOANNE
STREET ADDRESS	13044 S.W. 142 AVE. UNIT F MIAMI, FL 33186
CITY - ST - ZIP	MIAMI FL 33186
TITLE	NA
NAME	NA
STREET ADDRESS	NA
CITY - ST - ZIP	NA
TITLE	NA
NAME	NA
STREET ADDRESS	NA
CITY - ST - ZIP	NA
TITLE	NA
NAME	NA
STREET ADDRESS	NA
CITY - ST - ZIP	NA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Note: Joanne Scott is Pres, Treasurer and 100% owner of all stocks as well as director

REMITTED BY MAY 1
Deposited by Bank CH

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 holder 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 the attached list with an addition.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-95
205-255-9446