

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000038225 (7)

1. Corporation Name
SOUTH FLORIDA PROPERTY DEVELOPERS, INC.



Principal Place of Business: **14228 S.W. 136 ST. MIAMI FL 33186**
Mailing Address: **P.O. BOX 700213 MIAMI FL 33170**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29
City & State, Zip, Country

3. Date first qualified for qualified: **05/27/1993**
3a. Date of last period: **06/28/1995**
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. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**SCOTT, JOANNE
15880 S.W. 76 ST.
MIAMI FL 33186**

10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85
Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

11. Pursuant to the provisions of Sections 607.002 and 607.1501, 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 Sections 607.002, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DPT	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCOTT, JOANNE		2. NAME	
STREET ADDRESS: P.O. BOX 700213 N/A		3. STREET ADDRESS	
CITY, ST, ZIP: MIAMI FL 33170		4. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		22. NAME	
STREET ADDRESS:		23. STREET ADDRESS	
CITY, ST, ZIP:		24. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		32. NAME	
STREET ADDRESS:		33. STREET ADDRESS	
CITY, ST, ZIP:		34. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42. NAME	
STREET ADDRESS:		43. STREET ADDRESS	
CITY, ST, ZIP:		44. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52. NAME	
STREET ADDRESS:		53. STREET ADDRESS	
CITY, ST, ZIP:		54. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62. NAME	
STREET ADDRESS:		63. STREET ADDRESS	
CITY, ST, ZIP:		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on the 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 this corporation, or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached list with an address.

SIGNATURE: **Joanne Scott** DATE: **4/15/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Joanne Scott - President** TEL: **305-250-3766**

CR2E034 (12/95)