

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049429 (2)

1. Corporation Name

MF PROPERTIES, INC.

Principal Place of Business

**2699 SOUTH BAYSHORE DRIVE
PENTHOUSE
MIAMI FL 33133**

Mailing Address

**2699 SOUTH BAYSHORE DRIVE
PENTHOUSE
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification
07/08/1993

3a. Date of Last Report
12/23/1994

4. FEI Number
65-0436856

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite Apt. #, etc.

22. City & State

23. Zip

25. Country

2a. Mailing Address

26. Suite Apt. #, etc.

27. City & State

28. Zip

30. Country

9. Name and Address of Current Registered Agent

**MARTIN, GREGORY A
2699 SOUTH BAYSHORE DRIVE
PENTHOUSE
MIAMI FL 33133**

10. Name and Address of New Registered Agent

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

FL

B5. 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 of Agent or Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	MARTIN, GREGORY A
STREET ADDRESS	5811 N. BAYSHORE DR.
CITY, ST, ZIP	MIAMI FL 33137
TITLE	P
NAME	MARTIN, HAZEL
STREET ADDRESS	530 N.E. 52ND TER.
CITY, ST, ZIP	MIAMI FL 33137
TITLE	V
NAME	MARTIN, KIMBERLY
STREET ADDRESS	5811 N. BAYSHORE DR.
CITY, ST, ZIP	MIAMI FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES, DELETIONS AND CANCELLATIONS

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4), Florida Statutes. I further certify that the information included 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. 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 or changed, or on an attachment with an address.

SIGNATURE:

Gregory A. Martin
GREGORY A. MARTIN

4/17/95 (305) 855-2900