


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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90032 050 \*\*\*150.00

0192102

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
--	---	--

**DOCUMENT # P93000049429**

1. Corporation Name  
**MF PROPERTIES, INC.**



Principal Place of Business <b>100 N BISCAYNE BLVD</b> <b>SUITE 601</b> <b>MIAMI FL 33132</b> <b>US</b>	Mailing Address <b>100 NORTH BISCAYNE BLVD</b> <b>SUITE 601</b> <b>MIAMI FL 33132</b> <b>US</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2601 S. Bayshore Dr</b>		2a. Mailing Address 26 <b>2601 So. Bayshore Dr</b>		3. Date Incorporated or Qualified <b>07/08/1993</b>	
Suite, Apt. #, etc. 22 <b>#1600</b>		Suite, Apt. #, etc. 27 <b>#1600</b>		4. FEI Number <b>65-0436856</b>	
City & State 23 <b>Miami FL</b>		City & State 28 <b>Miami FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>33133</b>		Country 25 <b>DAOE</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip 29 <b>33173</b>		Country 30 <b>DAOE</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MARTIN, GREGORY</b> <b>100 N BISCAYNE BLVD</b> <b>SUITE 601</b> <b>MIAMI FL 33132</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>2601 So. Bayshore Drive</b> 83 <b>#1600</b> 84 City <b>Miami</b> FL 85 Zip Code <b>33133</b>	
--	--	---	--

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 *Gregory A. Martin* DATE **4-30-99**  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, GREGORY A</b>	1.2 NAME	
STREET ADDRESS	<b>5811 N. BAYSHORE DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, HAZEL</b>	2.2 NAME	
STREET ADDRESS	<b>530 N.E. 52ND TER.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, KIMBERLY</b>	3.2 NAME	
STREET ADDRESS	<b>5811 N. BAYSHORE DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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 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, with all other like empowered.

SIGNATURE: *Gregory A. Martin* DATE **4-30-99** (305) 858-5555  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (11/98)