

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000071616 (5)**

1. Corporation Name

**FIFTH STREET PROPERTIES, INC.**



Principal Place of Business

**6350 N ANDREWS AVE  
STE 300  
FT LAUDERDALE FL 33309  
US**

Mailing Address

**6350 N ANDREWS AVE  
STE 300  
FT LAUDERDALE FL 33309  
US**

3. Date Incorporated or Qualified  
**10/15/1993**

3a. Date of Last Report  
**03/10/1995**

2. Principal Place of Business

2a. Mailing Address

21 **6350 N. Andrews Ave.**

26 **6350 N. Andrews Ave.**

4. FEI Number  
**65-0443200**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 100**

27 **Suite 100**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **Ft. Lauderdale, Fl**

28 **Ft. Lauderdale, Fl**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **33309** 25 **US**

29 **33309** 30 **US**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GERRITS, ANDREW T  
6350 N ANDREWS AVE  
STE 300  
FT LAUDERDALE FL 33309**

81 Name

**Andrew T. Gerrits**

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

**6350 N. Andrews Avenue**

83

**Suite 100**

84 City

**Ft. Lauderdale**

85 State

**FL**

Zip Code

**33309**

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 printed name of registered agent and if not applicable

Signature typed or printed name of registered agent and if not applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **GERRITS, ANDREW T**  
CITY-ST-ZIP **6350 N ANDREWS AVE STE 300**  
**FT LAUDERDALE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Andrew T. Gerrits*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/28/96*  
DATE

*954 938 9801*  
DAYTIME PHONE #

CR2E034 (12/95)