SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATION				VS.				
DOCUM 1. Corporation	MENT # P9400	0020273 (6)						
INDUST	RIAL PROPERTY PARTNEI	RS, INC.						
Principal Place	of Business	Mailing Address					10 0 0 61	18 11811 10808 1111 1881
5701 N. PINE ISLAND ROAD PO BOX 26323 SUITE 250 SUITE 250								
FT. LAUDERDA	ALE PL 33321	TAMARAC FL 33320 US				3. Date incorporated or Qualified 03/15/1994		of Last Report 3 /1995
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number 65-0476313	1	Applied For Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc. 27						5. Certificate of Status Desired	[] S	8.75 Additional Fee Required
City & State	ate City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Cour	ntry		8. This corporation has liability for in Florida Statutes		unders 199 032, la
	9. Name and Address of Curren					10. Name and Address of New Rec	Istered Age	nt
B & C CORPORATE SERVICES, INC.				81	Name			
175 N.W. FIRST AVE.				82 Street Ad		ddress (P.O. Box Number is Not Acceptabl	e)	
SUITE 2000								
MIAMI FL 33128-9965				63			·	
			Ì	84	City		FL	35 Zip Code
SIGNATURE						orporation submits this statement for the puration's board of directors. Thereby accept	rpose of cha the appointm	nging its registered ent as registered
12.	Signature typed or printed name of registered agr		н⊷д s/ered 13.	10.36	nt signatura re	general when reinstating? ADDITIONS/CHANGES TO OFFIC		RECTORS IN 12
TITLE	3711021371110			1 1 TITLE		7,0011101107011111020 1 0 0 1 1 1 0		Change Addition
NAME	EISENBERG, JAY		1 2 NA		ļ			
					ADDRESS			
CITY-ST-2IP TAMARAC FL			1.4 013	1.4 CITY - ST - ZIP				
TITLE	DELETE		2 1 TH	2 1 THTLE				Change Addition
NAME			2 2 NA	ME				
STREET ADDRESS			2351	REET	ADDRESS			
CITY-ST-ZIP			_	2 4 CITY - ST - ZIP 3 1 TITLE				Change Addition
TITLE		Detere					L.J	Overige [] Awaren
NAME			3 2 NA		ADORESS			
STREET ADDRESS			34 CI		1			
CITY-ST-ZIP		DELÉTE	4111					Change Addition
NAME 3			4 2 N/					
STREET ADDRESS					AE DRESS			
CITY-ST-ZIP			4 4 Ct		[
TITLE		DELETE	5 1 11	rit				Change Addition
NAME			5 2 NA	ME				
STREET ADDRESS			5 3 ST	T33A	AUDRESS			
CITY-ST-ZIP			5.4 CI	TY - S	T - ZIF			

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 617. Florida Statutes, and that my name appears in Blood 12 or 197 k 13 if changed, or on an attachment with an address

61 TITLE

62 NAME

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

957-7205558 Dague France &

Change Addition