FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -2 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042306 (8)

1. Corporation Name

FLORIDA INTERCOASTAL PROPERTIES, INC.

Principal Place of Business	Mailing Address
% ROSEN ROSEN KREILING & BORNSTEIN P.A. 6151 MIRAMAR PARKWAY, SUITE 101 MIRAMAR FL 33023	% ROSEN ROSEN KREILING & BORNSTEIN P.A. 6151 MIRAMAR PARKWAY, SUITE 101 MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/07/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 2875 NE 191 STREET	26 2875 NE 191 STREET
22 Suite, Apt. #, etc. LOBBY LEVEL	27 Suite, Apt. #, etc. LOBBY LEVEL
23 City & State AVENTURA FLORIDA	28 City & State AVENTURA FLORIDA
24 Zip 33180 / 25 Country USA	29 Zip 33180 / 30 Country USA

4. FEI Number: 65-0508338 — ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSEN, HARRY M. 6151 MIRAMAR PARKWAY SUITE 101 MIRAMAR FL 33023	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name changes)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☑ Change ☐ Addition
NAME	CADMAN, CHARLES	1.2 NAME	CADMAN, CHARLES
STREET ADDRESS	6151 MIRAMAR PKWY., STE. 101	1.3 STREET ADDRESS	2875 NE 191 ST
CITY-ST-ZIP	MIRAMAR FL 33023	1.4 CITY-ST-ZIP	AVENTURA, FLA 33180
TITLE		2.1 TITLE	CH D ☐ Change ☑ Addition
NAME		2.2 NAME	MELVIN STEWART
STREET ADDRESS		2.3 STREET ADDRESS	2875 NE 191 ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	AVENTURA, FLA 33180
TITLE		3.1 TITLE	D ☐ Change ☑ Addition
NAME		3.2 NAME	ZELMAN BORNSTEIN
STREET ADDRESS		3.3 STREET ADDRESS	2875 NE 191 ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	AVENTURA FLA 33180
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 added attachment with an address.

SIGNATURE: Melvin Stewart MELVIN STEWART (D) 2/28/95 305-458-1409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0004004 CP