

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 AUG -1 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072895 (3)

1. Corporation Name

SOUTHERN ASSISTED PROPERTIES, INC.

Principal Place of Business

Mailing Address

8333 WEST MCNAB ROAD STE. 220
TAMARAC FL 33321

8333 WEST MCNAB ROAD STE. 220
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/29/1994

2. Principal Place of Business

2a. Mailing Address

21 5440 N STATERD #7

26 5440 N STATERD #7

4. FEI Number

05-0528814

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 221

27 221

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

23 PELANDRIA, FL.

28 PELANDRIA

6. Election Campaign Financing, Trust Fund Contributor

\$5.00 May Be Added to Fees

24 Zip

25 County

29 Zip

30 County

24 33319

25 BROWARD

29 33319

30 Broward

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

ARABIAN, ROBERT A PA
8333 WEST MCNAB ROAD STE. 220
TAMARAC FL 33321

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

Signature (typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when transferring)

(DATE)

12. OFFICERS AND DIRECTORS

13. Additional Officers and Directors (Check Change or Addition)

11 TITLE: D
12 NAME: FRYBERGH, PHILIP
13 STREET ADDRESS: 8333 WEST MCNAB ROAD STE. 220
14 CITY-ST-ZIP: TAMARAC FL 33321

11 TITLE: Change Addition

11 TITLE:
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

21 TITLE: Change Addition

11 TITLE:
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

31 TITLE: Change Addition

11 TITLE:
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

41 TITLE: Change Addition

11 TITLE:
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

51 TITLE: Change Addition

11 TITLE:
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

61 TITLE: Change Addition

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated in 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 or Block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip L. Frybergh
Philip L. Frybergh 7/21/95 305-496-9899

CR2E004 (3/95)