

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000036801 (5)**

1. Corporation Name

**INNER CITY INVESTMENT, INC.**



Principal Place of Business

Mailing Address

15195 N.E. 2ND AVENUE  
MIAMI FL 33162

15195 N.E. 2ND AVENUE  
MIAMI FL 33162

3. Date Incorporated or Qualified

3a. Date of Last Report

05/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

Applied for Not Applicable

65-0592846

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

10. Name and Address of New Registered Agent

SMITH, ALBERT A  
15195 N.E. 2ND AVENUE  
MIAMI FL 33162

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 607.1505, 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 or director)

(Printed Name of Agent or Director of New Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                       |                                 |
|-----------------|-----------------------|---------------------------------|
| TITLE           | D                     | <input type="checkbox"/> DELETE |
| NAME            | SMITH, ALBERT A       |                                 |
| STREET ADDRESS  | 15195 N.E. 2ND AVE.   |                                 |
| CITY - ST - ZIP | MIAMI FL 33162        |                                 |
| TITLE           | D                     | <input type="checkbox"/> DELETE |
| NAME            | JOHNSON, DONNIE       |                                 |
| STREET ADDRESS  | 55 N.W. 193RD ST.     |                                 |
| CITY - ST - ZIP | MIAMI FL 33169        |                                 |
| TITLE           | D                     | <input type="checkbox"/> DELETE |
| NAME            | MANSON, CHRISTOPHER   |                                 |
| STREET ADDRESS  | 2314 N.W. 100TH ST.   |                                 |
| CITY - ST - ZIP | MIAMI FL 33150        |                                 |
| TITLE           | D                     | <input type="checkbox"/> DELETE |
| NAME            | ANDERSON, RODNEY E    |                                 |
| STREET ADDRESS  | 18531 N.W. 28TH PLACE |                                 |
| CITY - ST - ZIP | MIAMI FL 33169        |                                 |
| TITLE           |                       | <input type="checkbox"/> DELETE |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |
| TITLE           |                       | <input type="checkbox"/> DELETE |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Albert A. Smith* Albert A. Smith 07/05/96 (305) 948-6181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE

CR2E034 (12/95)