## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057608 (8)

AMERICAN FEDERAL PROPERTIES, INC.

Principal Place of Business Mailing Address

## FILED Apr 30 1997 8:00am Secretary of State



4347-10 UNIVERSITY BLVD SOUTH JACKBONVILLE FL 32218			4347-10 UNIVERSITY BLVD SOUTH Jacksonville FL 32216-4977							
							3. Date Incorporated or Qualified 07/20/1995	3a. Date 04/2	of Last 22/198	
<b>├</b> ─	Place of Business	h	2a. Mailing Address				4. FEI Number		_ ⊢—1	Applied For
Suite, Apt	# etc	[26] Suite Ant	26   Suite, Apt. #, etc.				59-3331709			Not Applicable
22	, 4, 010.	<u>-</u> 1	27				5. Certificate of Status Desired			Additional Required
City & State 23			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zip 29	29 30				This corporation has liability for intangible tax under s. 199.032, Florida Statutes      ☐ Yes  No			
1.0	9. Name and Address of Cur	rent Registered Ager	nt 		B1	Name	10. Name and Address of New Re	gistered Aç	jent	
	eekin, robert a 347-10 University Blvd Sou	ти								
JACKSONVILLE FL 32216					B2	2 Street Address (P.O. Box Number is Not Acceptable)				
				1	B3					
				1	В4	City		FL	<b>85</b> Zi	p Code
office or	I to the provisions of Sections 607.0 registered agent, or both, in the Stammar familiar with, and accept the ob-	ate of Florida. Such ch	nange was a	authorized	by t	named corp the corporati	ocration submits this statement for the p ion's board of directors. I hereby accep	urpose of c of the appoi	hanging ntment	j its registered as registered
SIGNATURE										
12.	Signature, typed or printed name of registered	açient and title it applicable AND DIRECTORS	(NOI	E Begistered	Agen	: signature require	ed when relistating) ADDITIONS/CHANGES TO OFFIC	DATE	NDECT	DDC IN 10
TITLE	OTTIOE NO.		DELETTE	1.1 101	 .E		ADDITIONS/CHANGES TO OFFIC		Change	
NAME	SLEIMAN, ELI T	_		1.2 NAN					_ ,	
STREET ADDRESS	4347-10 UNIVERSITY BLV	) South		1.3 STR	EF1 A	IDDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32216			1.4 CITY	Y-\$1-	- ZIP				
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NAME	4347-10 UNIVERSITY BLVD	NULLA C		2.2 NAN						
STREET ADDRESS	JACKSONVILLE FL 32216	7 500111				DOTRESS				
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NAME				3.2 NAN	ИE				_	_
STREET ADDRESS				33 STR	EE1 A	ODRESS				
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NAME				4. 2 NAI						
STREET ADDRESS						DORESS				
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TITLE NAME			WELL IE	5.1 TITL 5.2 NAM				L.	T OUGH	e Addition
STREET ADDRESS	}					DDRESS				
CITY-ST-ZIP				5.4 CHY						
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NAME				6.2 NAN	ΛĹ				_	
STREET ADORESS	-			6.3 S1H	EE1 A	LODRESS				
CITY-ST-ZIP				6.4 City	r - S1 -	- 216				

14. I do hereby certify that the information supplied with this filing 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 chapter 6, or on an attachment with an address.

ONATURE. MCCETALLE CARDOSEPHINE F. Sleiman 4/10/97 (904) 731-8806