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Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000072509 (8)
1. Corporation Name
SUL RESIDENCES/INVESTMENTS, INC.



Principal Place of Business: 200 EAST 65TH STREET APT #39 SOUTH NEW YORK NY 10021
Mailing Address: 260 EAST 65TH STREET APT #39 SOUTH NEW YORK NY 10021-8803

3. Date Incorporated or Qualified: 08/30/1996
3a. Date of Last Report: [Blank]
21. Principal Place of Business: 445 GRAND BAY DRIVE APT # 906 KEY BISCAYNE FL 33149
22. Suite, Apt. #, etc.: APT # 906
23. City & State: KEY BISCAYNE FL
24. Zip: 33149 Country: USA
25a. Mailing Address: 445 GRAND BAY DRIVE APT # 906 KEY BISCAYNE FL 33149
26. Suite, Apt. #, etc.: APT # 906
27. City & State: KEY BISCAYNE FL
28. Zip: 33149 Country: USA
29. Zip: 33149 Country: USA
30. Zip: 33149 Country: USA
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 [X] No

9. Name and Address of Current Registered Agent: MASER, JOEL D 1221 BRICKELL AVE MIAMI FL 33131
10. Name and Address of New Registered Agent: [Blank]
81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank] FL 85. Zip Code: [Blank]

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: [Blank] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D, P
NAME	LOWE, SHELDON J	1.2 NAME	LOWE, SHELDON J.
STREET ADDRESS	200 E 65 ST, AP #39 SOUTH	1.3 STREET ADDRESS	445 GRAND BAY DRIVE #906
CITY - ST - ZIP	NEW YORK NY 10021	1.4 CITY - ST - ZIP	KEY BISCAYNE, FL 33149
TITLE	[] DELETE	2.1 TITLE	[] Change [] Addition
NAME	[] DELETE	2.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	2.3 STREET ADDRESS	[] Change [] Addition
CITY - ST - ZIP	[] DELETE	2.4 CITY - ST - ZIP	[] Change [] Addition
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME	[] DELETE	3.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	3.3 STREET ADDRESS	[] Change [] Addition
CITY - ST - ZIP	[] DELETE	3.4 CITY - ST - ZIP	[] Change [] Addition
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME	[] DELETE	4.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	4.3 STREET ADDRESS	[] Change [] Addition
CITY - ST - ZIP	[] DELETE	4.4 CITY - ST - ZIP	[] Change [] Addition
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME	[] DELETE	5.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	5.3 STREET ADDRESS	[] Change [] Addition
CITY - ST - ZIP	[] DELETE	5.4 CITY - ST - ZIP	[] Change [] Addition
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME	[] DELETE	6.2 NAME	[] Change [] Addition
STREET ADDRESS	[] DELETE	6.3 STREET ADDRESS	[] Change [] Addition
CITY - ST - ZIP	[] DELETE	6.4 CITY - ST - ZIP	[] Change [] Addition

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 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: [Signature] DATE: 2/21/97 2035

CR2E034 (9/96)