

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90033 017 ***158.75

DOCUMENT # P96000102883

1. Corporation Name

FLORIDA PROPERTY MGMT. & FINANCE, INC.

Principal Place of Business

1451 W CYPRESS CREEK RD. SUITE 300
FT LAUDERDALE FL 33309

Mailing Address

PO BOX 4510
FT LAUDERDALE FL 33338-4510
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1996

2. Principal Place of Business

21 1747 VAN BUREN ST.

Suite, Apt. #, etc.

22 SUITE 750

City & State

23 HOLLYWOOD, FLORIDA

Zip

24 33020

Country

25 BROWARD

2a. Mailing Address

26 1747 VAN BUREN ST.

Suite, Apt. #, etc.

27 SUITE 750

City & State

28 HOLLYWOOD, FL.

Zip

29 33020

Country

30 BROWARD

4. FEI Number

65-0733136

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 owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

BENENATI, ISABEL S
136 NE 19TH CT F-114
WILTON MANORS FL 33305

10. Name and Address of New Registered Agent

81 Name SENSEBE, ISABEL
82 Street Address (P.O. Box Number is Not Acceptable)
1747 VAN BUREN ST. STE. 750
83 HOLLYWOOD FL.
84 City
85 Zip Code FL 33020

11. Pursuant to the provisions of Sections 607.0512 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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

Mar. 26, 1999

12. OFFICERS AND DIRECTORS

TITLE PVST

NAME BENENATI, ISABEL S

STREET ADDRESS 136 NE 19TH CT F-114

CITY-ST-ZIP WILTON MANORS FL 33305

TITLE D

NAME BENENATI, ISABEL

STREET ADDRESS 136 NE 19TH CT F-114

CITY-ST-ZIP WILTON MANORS FL 33305

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PVST

ISABEL SENSEBE

1747 VAN BUREN STREET STE. 750

HOLLYWOOD, FL. 33020

D

SENSEBE, ISABEL

1747 VAN BUREN ST. STE. 750

HOLLYWOOD, FL. 33020

14. I 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, with all other like empowered.

SIGNATURE:

Isabel SENSEBE, PRES-D

March 16, 1999

Date

Daytime Phone #

CR2E034 (11/98)