

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000041548 (3)**

1. Corporation Name
FISHER PROPERTIES, INC.

Principal Place of Business 799 BRICKELL PLAZA SUITE 900 ATTN: CAROL S. FABER, ESO. MIAMI FL 33131	Mailing Address 799 BRICKELL PLAZA SUITE 900 ATTN: CAROL S. FABER, ESO. MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1997	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0758088	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent PERLMAN AND FABER, P.A. 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131		10. Name and Address of New Registered Agent	
B1. Name		B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City		B4. Zip Code	
FL		B5. 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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PERLMAN, GEORGE D		1.2 NAME Mosselson, Dennis	
STREET ADDRESS 799 BRICKELL PLAZA SUITE 900		1.3 STREET ADDRESS c/o 799 Brickell Plaza, Suite 900	
CITY-ST-ZIP MIAMI FL 33131		1.4 CITY-ST-ZIP Miami, Florida 33131	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Treasurer and Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Mosselson, Marian	
STREET ADDRESS		2.3 STREET ADDRESS 799 Brickell Plaza, Suite 900	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Miami, Florida 33131	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Perlman, George D.	
STREET ADDRESS		3.3 STREET ADDRESS 799 Brickell Plaza, Suite 900	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Miami, Florida 33131	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____

4/29/98

CR2E034 (1097)