FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S06274** **(2)**

1. Corporation Name
DUNDEE PROPERTIES, INC.

Principal Place of Business	Mailing Address
~~11077 BISCAYNE BLVD.~~ ~~SUITE 200~~ ~~MIAMI FL 33161~~	~~11077 BISCAYNE BLVD.~~ ~~SUITE 200~~ ~~MIAMI FL 33161~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1990
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21: RR #2 BOX 113
22: Suite, Apt. #, etc.
23: City & State: MARATHON FL
24: Zip: 33050 25: Country

2a. Mailing Address
26: RR #2 BOX 113
27: Suite, Apt. #, etc.
28: City & State: MARATHON FL
29: Zip: 33050 30: Country

4. FEI Number: 65-0226130 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WILCOX, CHERYL
~~11077 BISCAYNE BLVD~~
~~STE 200~~
~~MIAMI FL 33161~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): RR #2 BOX 113
83
84 City: MARATHON FL 85 Zip Code: 33050

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: [signature] DATE: 4-12-95
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when mail filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☑ Change ☐ Addition
NAME	~~WOLFSON, FRANCES L~~ OK	12 NAME	WOLFSON, FRANCES L
STREET ADDRESS	~~11077 BISCAYNE BLVD #200~~	13 STREET ADDRESS	RR#2 BOX 113
CITY ST ZIP	~~MIAMI FL~~	14 CITY ST ZIP	MARATHON FL 33050
TITLE	VPS	21 TITLE	☑ Change ☐ Addition
NAME	WILCOX, CHERYL A.	22 NAME	
STREET ADDRESS	~~11077 BISCAYNE BLVD #200~~	23 STREET ADDRESS	RR#2 BOX 113
CITY ST ZIP	~~MIAMI FL~~	24 CITY ST ZIP	MARATHON FL 33050
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on this general 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] 4-12-95 305-243-5060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Cheryl A Wilcox

0174167 CP