

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

FILED
Mar 19 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 # S23583 (5)

1. Corporation Name
SANFORD INDUSTRIAL PARK, INC.



Principal Place of Business

Mailing Address

C/O WILLIAM D HORVITZ
1-E BROWARD BLVD. #1101
FT LAUDERDALE FL 33301

C/O WILLIAM D HORVITZ
1-E BROWARD BLVD. #1101
FT LAUDERDALE FL 33301-842

2. Principal Place of Business

2a. Mailing Address

21 LAS OLAS CENTRE
450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301
City & State

23 Zip
24 Country

9. Name and Address of Current Registered Agent

HORVITZ, WILLIAM D
1-E BROWARD BLVD. #1101
FT LAUDERDALE FL 33301

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	HORVITZ, WILLIAM D	
STREET ADDRESS	1-E BROWARD BLVD. #1101	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HORVITZ, DAVID W.,	
STREET ADDRESS	1-E BROWARD BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LUKE, DOUGLAS S.,	
STREET ADDRESS	1-E BROWARD BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	LAS OLAS CENTRE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	450 EAST LAS OLAS BOULEVARD, #900	
13 STREET ADDRESS	FORT LAUDERDALE, FLORIDA 33301	
14 CITY-ST-ZIP		
21 TITLE	LAS OLAS CENTRE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	450 EAST LAS OLAS BOULEVARD, #900	
23 STREET ADDRESS	FORT LAUDERDALE, FLORIDA 33301	
24 CITY-ST-ZIP		
31 TITLE	LAS OLAS CENTRE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	450 EAST LAS OLAS BOULEVARD, #900	
33 STREET ADDRESS	FORT LAUDERDALE, FLORIDA 33301	
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 in an attachment with an address.

SIGNATURE

CR2E034 (9/96)