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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 17 PM 11:21

DOCUMENT # **S26410 (8)**

1. Corporation Name  
**CLARIDGE PROPERTIES SOUTH FLORIDA, INC.**

Principal Place of Business  
**MANAGEMENT OFFICE  
4000 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021**

Mailing Address  
**MANAGEMENT OFFICE  
4000 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**01/22/1991**

3a. Date of Last Report  
**02/17/1994**

4. FEI Number  
**65-0254042**

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

2. Principal Place of Business  
21  22 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country

2a. Mailing Address  
26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>COUGHLIN, PETER</b> 4000 HOLLYWOOD BLVD. HOLLYWOOD FL	1. TITLE <b>PD</b>	<b>LUDWICK, ARNOLD M.</b> 1170 PEEL STREET MONTREAL, QUEBEC H3B4P2 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY - ST - ZIP		4. CITY - ST - ZIP	
TITLE <b>EVD</b>	<b>SPENCER, NORMAN</b> 4000 HOLLYWOOD BLVD. HOLLYWOOD FL	21. TITLE <b>EVD</b>	<b>PARSONS, ANDREW J.</b> 1170 PEEL STREET MONTREAL, QUEBEC H3B4P2 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE <b>SVD</b>	<b>LOU, GERALD E.</b> 4000 HOLLYWOOD BLVD. HOLLYWOOD FL	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE <b>AS</b>	<b>ABRAMS, ROBERT J</b> 4000 HOLLYWOOD BLVD. HOLLYWOOD FL	41. TITLE	<b>AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE <b>VD</b>	<b>WESTGATE, ROSS</b> 4000 HOLLYWOOD BLVD. HOLLYWOOD, F	51. TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE <b>S</b>	<b>COURTNELL, PAUL W. A.</b> 4000 HOLLYWOOD BLVD. HOLLYWOOD FL	61. TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 to an address.

SIGNATURE: *Gerald E. Lou* *Senior Vice-President 3/14/95*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**8828-189-8288 (305)**

S26 Y10

**CORPORATION ANNUAL REPORT  
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**ADDITIONAL OFFICERS AND DIRECTORS**

<b>TITLE:</b>	<b>D</b>
<b>NAME:</b>	<b>RABINOVITCH, ROBERT</b>
<b>STREET ADDRESS:</b>	<b>1170 PEEL STREET</b>
<b>CITY, STATE, ZIP:</b>	<b>MONTREAL, QUEBEC H3B4P2</b>