May 04, 1999 8:00 am Secretary of State

05-04-1999 90118 032 ***158.75

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

DOCUMENT # V09623

1. Corporation Name

SOUTHERN PROPERTIES FUND, INC.

Principal Plac	e of Business	Mailing Address				THE REPER PROPERTY BUILDING	arait Bialt Lant
C/O RICHARD FINKELSTEIN 1000 CLINT MOORE ROAD SUITE 110					DO NOT WRITE	IN THIS SPACE	
}					3. Date Incorporated or Qualifed		
		-			01/28/1992		
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21	26				65-0311062	N	ot Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional equired
City & Stat	te ·	City & State			6, Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Countr	γ	This corporation owes the current Personal Property Tax.	t year Intangible	□No
	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Reg		
	J. 110111 W. 10 AUG 1705 01 CUIT	Brazara a Barra	8	1 Name			
WOHL, MICHAEL D. 2665 SOUTH BAYSHORE DRIVE SUITE 202 COCONUT GROVE FL					(DO D. N.	-> .	
				2 Street Add	ress (P.O. Box Number is Not Acceptable	9)	
				3			
						7-1-	
				4 City		FL [85] Zip	Code
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obliging standard or printed name of registered at	e of Florida. Such change was aut gations of, Section 607.0505, Florid	thorized b da Statute	y the corporati	poration submits this statement for the pu on's board of directors. I hereby accept t	rpose of changing its he appointment as re	registered egistered
12.		AND DIRECTORS	13.	ent signature require	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		7.057.1010/01211020 10 01710	Change	Addition
NAME	WOHL, MICHAEL D.		1.2 NAME				}
STREET ADDRESS	2665 S. BAYSHORE DRIVE		1.3 STRE	ET ADDRESS			J
CITY-ST-ZIP	COCONUT GROVE FL		1.4 C/TY-	ST-ZIP			ļ
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	FINKELSTEIN, RICHARD		2.2 NAME				
STREET ADDRESS	1000 CLINT MOORE ROAD		2.3 STRE	ET ADDRESS			İ
CITY-ST-ZIP	BOCA RATON FL		2,4 CITY	ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	ENDELSON, KENNETH		3.2 NAME				
STREET ADDRESS	1000 CLINT MOORE ROAD		3,3 STRE	ET ADORESS			1
CITY+ST-ZIP	BOCA RATON FL		3.4. CITY-	ST-ZIP		- <u></u> -	
TITLE		☐ DELETE	4.1 TATLE			☐ Change	Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE	I .		. Change	☐ Addition
NAME			5.2 NAME				1

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 of 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY+ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

KICHARD CFINKELSTEIN

DELETE

561.997-5760

Change

Addition