

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # V66429 (4)**

1. Corporation Name  
**FIFTY NINTH STREET PROPERTIES, INC.**



Principal Place of Business      Mailing Address  
**269 NW 7TH ST  
~~SUITE 416~~  
MIAMI FL 33136**      **P O BOX 015222  
MIAMI FL 33101  
US**

2. Principal Place of Business      2a. Mailing Address  
21 **1250 NW 62nd street**      26  
Suite, Apt. #, etc.      State, Apt. #, etc.  
22 **Suite 1**      27  
City & State      City & State  
23 **Miami, Fl**      28  
Zip      Country      Zip      Country  
24 **33142**      25 **USA**      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/24/1992**      **07/17/1995**  
4. FLL Number      Applied For  
**65-0364330**      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  
**WEITZEL, TED H.  
269 NW 7TH ST  
SUITE 416  
MIAMI FL 33136**

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 607.05(2) and 607.15(6), Florida Statutes, the above named corporation submits the 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 607.05(6), Florida Statutes.

SIGNATURE      Signature of Registered Agent      Signature of Officer or Director      Date

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEITZEL, RANDALL I</b>	
STREET ADDRESS	<b>269 N.W. 7TH STREET, SUITE 416</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, HORACE C</b>	
STREET ADDRESS	<b>310 SW 68TH BLVD</b>	
CITY- ST- ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEITZEL, TED H</b>	
STREET ADDRESS	<b>269 NW 7TH ST #416</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<b>Director / Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Ted H. Weitzel, Director**

3-25-96      305-358-8030  
Date      Office Phone

CR2E034 (12/95)