

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF RESOLVED, MINIMUM AMOUNT DUE TO SECRETARY: \$175)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra El. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 142098 (3)

1. Corporation Name

SOUTH END IMPROVEMENT GROUP, INC.

FILED
95 JUL 17 AM 11: 57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
P.O. BOX 3628 TEQUESTA FL 33469 **P.O. BOX 3628 TEQUESTA FL 33469**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/07/1943** 3a. Date of Last Report **04/01/1994**
4. FEI Number **59-0579617** 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**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
BULLEN, GEORGE H
414 SOUTH BEACH ROAD
HOBE SOUND FL 33455

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME BULLEN, GEORGE H
STREET ADDRESS 414 SOUTH BEACH ROAD
CITY - ST - ZIP HOBE SOUND FL 33455
TITLE V
NAME WYER, JAMES I
STREET ADDRESS P.O. BOX 1508 N/A
CITY - ST - ZIP HOBE SOUND FL 33475
TITLE VD
NAME MATHESON, WILLIAM L
STREET ADDRESS 430 SOUTH BEACH ROAD
CITY - ST - ZIP HOBE SOUND FL 33455
TITLE TD
NAME CATHCART, SILAS S
STREET ADDRESS 400 SOUTH BEACH ROAD
CITY - ST - ZIP HOBE SOUND FL 33455
TITLE S
NAME GRENFELL, GRACE S
STREET ADDRESS 11582 187TH PL. NORTH
CITY - ST - ZIP JUPITER FL 33478

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME **S**
5.3 STREET ADDRESS **ROOK, ALICIA**
5.4 CITY - ST - ZIP **106 BEAUMONT LAKE**
PALM BEACH GDN'S FL 33410
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(b), 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 with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____

CR2E034 (3/95)