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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 142098 (3)

1. Corporation Name
SOUTH END IMPROVEMENT GROUP, INC.



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

Mailing Address
P.O. BOX 3628
TEQUESTA FL 33469

3. Date of Incorporation or Qualified **04/07/1943**

3a. Date of Last Report **07/17/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BULLEN, GEORGE H
414 SOUTH BEACH ROAD
HOBE SOUND FL 33455**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of the registered agent

Signature typed or printed name of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD BULLEN, GEORGE H 414 SOUTH BEACH ROAD HOBE SOUND FL 33455 DELETE

V WYER, JAMES I P.O. BOX 1508 N/A HOBE SOUND FL 33475 DELETE

VD MATHESON, WILLIAM L 430 SOUTH BEACH ROAD HOBE SOUND FL 33455 DELETE

TD CATHCART, SILAS S 400 SOUTH BEACH ROAD HOBE SOUND FL 33455 DELETE

S ROOK, ALICIA 106 BEAUMONT LANE PALM BEACH FL DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change 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 179.07(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 or person empowered to execute in a 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

4/2/96

407-743-4047

CR2E034 (12/95)