

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 142098 (3)
Corporation Name
SOUTH END IMPROVEMENT GROUP, INC.

Principal Place of Business

BOX 3628
JESTA FL 33469

Mailing Address

P.O. BOX 3628
TEQUESTA FL 33469-0628



3. Date Incorporated or Qualified 04/07/1943	3a. Date of Last Report 04/12/1996
4. FEI Number 59-0578617	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business 6447 S.E. FEDERAL HWY	2a. Mailing Address 1001 N. U.S. HIGHWAY ONE
Suite, Apt. #, etc. SUITE 207	Suite, Apt. #, etc. SUITE 207
City & State HOBE SOUND	City & State JUPITER FL
Zip 33455	Zip 33477
Country 25 MARTIN	Country 30 PALM BEACH

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
85 Zip Code

FL

I, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	BULLEN, GEORGE H	1.2 NAME	FIELD, MARSHALL
STREET ADDRESS	414 SOUTH BEACH ROAD	1.3 STREET ADDRESS	225 W. WACKER DRIVE SUITE 1500
CITY - ST - ZIP	HOBE SOUND FL 33455	1.4 CITY - ST - ZIP	CHICAGO IL 60606
TITLE	V	2.1 TITLE	D
NAME	WYER, JAMES I	2.2 NAME	STON, PETER
STREET ADDRESS	P.O. BOX 1508 N/A	2.3 STREET ADDRESS	100 RIVER PLACE
CITY - ST - ZIP	HOBE SOUND FL 33475	2.4 CITY - ST - ZIP	DETROIT MI 48207
TITLE	VD	3.1 TITLE	S
NAME	MATHESON, WILLIAM L	3.2 NAME	ROOK, ALICIA
STREET ADDRESS	430 SOUTH BEACH ROAD	3.3 STREET ADDRESS	106 BEAUMONT LANE
CITY - ST - ZIP	HOBE SOUND FL 33455	3.4 CITY - ST - ZIP	PALM BEACH GARDENS FL 33410
TITLE	TD	4.1 TITLE	V
NAME	CATHCART, SILAS S	4.2 NAME	WYER, JAMES I
STREET ADDRESS	400 SOUTH BEACH ROAD	4.3 STREET ADDRESS	19750 BEACH RD
CITY - ST - ZIP	HOBE SOUND FL 33455	4.4 CITY - ST - ZIP	TEQUESTA FL 33469
TITLE	S	5.1 TITLE	
NAME	ROOK, ALICIA	5.2 NAME	
STREET ADDRESS	106 BEAUMONT LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 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

Daytime Phone #

0931585

CR2E034 (9/96)