

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

FILED
Feb 13 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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



DO NOT WRITE IN THIS SPACE

| | | | |
|---|-----------|---|-----------|
| Principal Place of Business 16447 SE FEDERAL HWY HOBE SOUND FL 33455 US | | Mailing Address 1001 N US HWY ONE STE 207 JUPITER FL 33477 US | |
| 21 | 22 | 23 | 24 |
| Suite, Apt #, etc. | | City & State | |
| Zip | | Country | |

3. Date Incorporated or Qualified
04/07/1943

4. FEI Number
59-0579617

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 _____ DATE _____
Signature typed or printed name of registered agent and title of agent (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BULLEN, GEORGE H | |
| STREET ADDRESS | 414 SOUTH BEACH ROAD | |
| CITY-ST-ZIP | HOBE SOUND FL 33455 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | WYER, JAMES I | |
| STREET ADDRESS | 19750 BEACH RD | |
| CITY-ST-ZIP | TEQUESTA FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | MATHESON, WILLIAM L | |
| STREET ADDRESS | 430 SOUTH BEACH ROAD | |
| CITY-ST-ZIP | HOBE SOUND FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | CATHCART, SILAS S | |
| STREET ADDRESS | 400 SOUTH BEACH ROAD | |
| CITY-ST-ZIP | HOBE SOUND FL 33455 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | ROOK, ALICIA | |
| STREET ADDRESS | 108 BEAUMONT LANE | |
| CITY-ST-ZIP | PALM BCH GRDNS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FIELD, MARSHALL | |
| STREET ADDRESS | 225 W WACKER DR STE 1500 | |
| CITY-ST-ZIP | CHICAGO IL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | EDWARD M. DAVIES | |
| 1.3 STREET ADDRESS | 432 SOUTH BEACH ROAD | |
| 1.4 CITY-ST-ZIP | HOBE SOUND FL 33455 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Alicia Rook* ALICIA ROOK 2/9/98 561-743-4047

CP2E034 (10/97)