


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713873** (8)

1. Corporation Name

ST. AUGUSTINE & ST. JOHNS COUNTY BOARD OF REALTORS, INC.

Principal Place of Business

Mailing Address

**9 SAN BARTOLA DRIVE
ST. AUGUSTINE FL 32086**

**9 SAN BARTOLA DRIVE
ST. AUGUSTINE FL 32086**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1967		3a. Date of Last Report 04/20/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2024315		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**STOUT, JANET
9 SAN BARTOLA DRIVE
ST AUGUSTINE FL 32086**

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 617.0502 and 617.1508, 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 617.0503, 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	P HOLANCHOCK, KATHY 9 SAN BARTOLA DR. ST. AUGUSTINE FL	1.1 TITLE	P SCHROEDER, DIRK 9 SAN BARTOLA DR ST AUGUSTINE FL 32086
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	PE SCHROEDER, DIRK 9 SAN BARTOLA DR ST. AUGUSTINE FL	2.1 TITLE	PD BARNES, ROY 9 SAN BARTOLA DR ST AUGUSTINE FL 32086
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	S ARENAS, ART 9 SAN BARTOLA DR ST. AUGUSTINE FL	3.1 TITLE	S TAYLOR, MARJORIE 9 SAN BARTOLA DR ST AUGUSTINE FL 32086
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	T RANDALL, JULIE 9 SAN BARTOLA DR ST AUGUSTINE FL	4.1 TITLE	T STOTT, HUBERT 9 SAN BARTOLA DR ST AUGUSTINE FL 32086
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D BARNES, RAY 9 SAN BARTOLA DR ST AUGUSTINE FL	5.1 TITLE	D BARKER, PAULINE 9 SAN BARTOLA DR ST AUGUSTINE FL 32086
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D CAMPBELL, JULIE 9 SAN BARTOLA DR ST. AUGUSTINE FL	6.1 TITLE	D CAMPBELL, JULIE 9 SAN BARTOLA DR ST AUGUSTINE FL 32086
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JANET STOUT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/96

Date

904/829-8738

Daytime Phone #

CR2E037 (3/96)