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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K32744 (0)
1. Corporation Name
SOUTHERN LIGHTSCAPES, INC.



Principal Place of Business: 2331-23RD ST. S.W. NAPLES FL 34117
Mailing Address: P.O. BOX 11085 NAPLES FL 34101-1085

3. Date Incorporated or Qualified: 09/09/1988
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 2331-23RD ST. S.W. 22 Suite, Apt. #, etc. 23 Naples, FL 24 34117 25 Collier
2a. Mailing Address: 26 P.O. BOX 11085 27 Suite, Apt. #, etc. 28 Naples, FL 29 34101-1085 30
4. FEI Number: 65-0075392 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

B. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALMON, CHARLES
2331 23RD ST. SW
NAPLES FL 34117

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: Helen Salmon Helen Salmon DATE: 4-28-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	DELETE
NAME	SALMON, CHARLES	
STREET ADDRESS	2331-23RD ST S.W.	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	STD	DELETE
NAME	SALMON, HELEN	
STREET ADDRESS	2331-23RD ST. SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: Helen Salmon Helen Salmon DATE: 4-28-97

CR2E034 (9/96)