

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

**FILED**  
**May 12 1997 8:00 am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K78545 (6)**

1. Corporation Name  
**LATITUDE 24 REAL ESTATE, INC.**



Principal Place of Business <b>MM 313 US 1 GULFSIDE                  US 1 OCEANSIDE                  BIG PINE KEY FL 33043                  US</b>	Mailing Address <b>P O BOX 430925                  BIG PINE KEY FL 33043-0925                  US</b>
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2. Principal Place of Business <b>21 31281 OVERSEAS HWY, MM 313</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 BIG PINE KEY, FL</b>	City & State <b>28</b>
Zip <b>24 33043-0925</b>	Country <b>25 US</b>

3. Date Incorporated or Qualified <b>04/03/1989</b>	3a. Date of Last Report <b>03/19/1996</b>
4. FEI Number <b>65-0119428</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VOWELS, CHARLES H. III  
 MM 313 US 1 GULFSIDE  
 BIG PINE KEY FL 33043**

10. Name and Address of New Registered Agent

**81 Name CHARLES H. VOWELS III**  
**82 Street Address (P.O. Box Number is Not Acceptable) 31281 OVERSEAS HIGHWAY, MM. 313**  
**83 BIG PINE KEY**  
**84 City FL 85 Zip Code 33043-0925**

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 *Charles H. Vowels III* **CHARLES H. VOWELS III** DATE **MARCH 28, 1997**

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VOWELS, III, CHARLES H.	
STREET ADDRESS	P O BOX 430585 N/A	
CITY-ST-ZIP	BIG PINE KEY FL 33043-0585	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	VOWELS, MERCENE	
STREET ADDRESS	P O BOX 430585 N/A	
CITY-ST-ZIP	BIG PINE KEY FL 33043-0585	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ABBOTT, DOROTHY SUE	
STREET ADDRESS	P O BOX 430431	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	P.O. Box 430431 N/A	
3.4 CITY-ST-ZIP	Big Pine Key, FL 33043-0431	
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 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: *Charles H. Vowels III* **CHARLES H. VOWELS III** **MAR 28 1997** (305) 872-7200

CR2E034 (9/96)