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 # L86928

REGENCY REALTY GROUP, S.C., ING. REGENCY REALTY GROUP II, INC.

(3)

129/92 N/C

FILED May 19 1997 8:00am Secretary of State



Principal Pla	ace of Business	Mailing Address					
121 W. FORSYTH STREET SUITE 200 JACKSONVILLE FL 32202		121 W. FORSYTH STREET SUITE 200 JACKSONVILLE FL 32202-3842					
					·		
NOVSOMAICE	ic re seek	PHONOCHIPILLE FL MEDICO	O42		3. Date Incorporated or Qualified 07/13/1990	3a. Date of La 05/01/199	
2. Principal	Place of Business	2a. Mailing Address		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number	<u> </u>	Applied For
21		26			59-3016736		Not Applicable
	ot #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7	75 Additional e Required
City & St	fula.	City & State					····
23	teates	28			6. Election Campaign Financing Trust Fund Contribution	F	00 May Be led to Fees
29 ; 7ф	Country	Zip	Coun	try	This corporation has liability for its corporation has liability for		
24	25	29	30		Florida Statutes	Yes 🗌 No	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
	Bert L Miller		[1	Name	FOIL (MD		
	1 W FORSYTH ST #200		i t	32 Street Add	iress (P.O. Box Number is Not Acceptate	ole)	
JAC	CKSONVILLE FL 32202		Ļ		200 Coura St	reet	
			1	33			
			<u> </u>	34 City	T	85	Zip Code ろうるのみ
					Jacksonville	FL "	39905
11. Pursua:	nt to the provisions of Sections 607 05 or registered agent, or both, in the Stat	02 and 607.1508, Florida Statut e of Florida, Such change was a	es, the ab- authorized	ove-named corp by the corpora	poration submits this statement for the pation's board of directors. I hereby access	iurpose of changi of the appointmen	ng its registered t as registered
agent	I am familiar with, and accept the obli-				tion's board of directors. I hereby acces		
SIGNATURE	E Charles V.S.	ed Autho	rized	Signa	tory		
	Steparture, typed or printed name of registrifed as			Agent signatere requ	ired when reinstating)	DATE	TODO 151 40
12.	OFFICERS AF	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Chai	
TEEF	1	☐ pereic	ווו זודן			L Cildi	iĝe 🗂 vodition
NAME	STEIN, JOAN W.		1.2 NAN				
STRUET ACORES				eet address			
Otrist 7P	JACKSONVILLE FL PD	DELETE		r-ST-ZIP		Cha	nge Addition
TITLE	STEIN, MARTIN E., JR.	T bereit	2.1 TITE			LLI Ulla	iğe 🗀 Küüniüli
NAME	JAJ M. CODOVILL OTOCET		2.2 NAN				
STREET ADDRES	JACKSONVILLE FL			EET ADDRESS			
CdY+S1+7IP	D D	DELETE		Y-ST-ZIP		Cha	nge Addition
TILE	STEIN, ROBERT L.		3 1 TITU			المال السا	AA FT VOO((OI)
NAM .	AND IN PORCURAL OFFICE		3.2 NAM			4 - 4	
STREET ADDRES	JACKSONVILLE FL		1	EET ADDRESS			
ONY ST-ZIP THUE	D	DELETE	4.1 Tell	Y-ST-ZIP		Cha	nge
	STEIN, RICHARD W.	L. Piccic	4.1 111L 4. 2 NA		00000040		-a- Li radiioit
NAME CLOCKE A STANDARD	ANA IN FORMATIL OFFET			ME EET ADDRESS	00000219 -06/02/97010	1 1 1 1 1 1 1	
STREET ADDRES	JACKSONVILLE FL		1		***2475.00	17000	
THE	V	☐ DELETE	5.1 TEL	r-ST-ZIP	****C* 3.0U	// DZha	nge / Addition
NAM:	JOHNSON, BRUCE M.		5.2 N/A			// _ //	7
STREET ADORES	AND THE MANAGER APPEAR			EET ADDRESS	4	5 57 /8)	19()
	JACKSONVILLE FL					19/14	0 ×
CITY-ST-ZIF	V	DELETE	61 Ti"l	r-ST-ZIP	\sim \sim	Cha	nge Addition
NAME	HOFHEIMER, N. A., JR.	F" Detrit	62 NAN			ن ال	- man / manifold
-	AND WE FORMUTE ATOPET			EET ADDRESS			
STEPLE ADORES	JACKSONVILLE FL			· · · · · · · · · · · · · · · · · · ·			
CHY-ST-ZIP	UNUNQUITILLE FL		6.4 CIT	Y-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify on the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual ceport 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 directly of the comparation online 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 10 chapted, on on as attachment with an address.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

7/97 904 356 7000