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Apr 16 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 # P95000060814 (7)

1. Corporation Name  
LOXAHATCHEE INVESTORS, INC.

Principal Place of Business

1095 JUPITER PARK  
SUITE 13  
JUPITER FL 33458

Mailing Address

1095 JUPITER PARK  
SUITE 13  
JUPITER FL 33458-8972



3. Date Incorporated or Qualified  
08/07/1995

3a. Date of Last Report  
01/29/1996

2. Principal Place of Business  
21. 801 Maplewood Drive

2a. Mailing Address  
26. P.O. Box 3351

4. FEI Number  
65-0610022

Applied For  
Not Applicable

22. Suite, Apt. #, etc.  
Suite 17

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. City & State  
Jupiter, Fl.

28. City & State  
Tequesta, Fl.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Zip  
33458

29. Zip  
33469

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

GORE, H. GEARL  
1095 JUPITER PARK DRIVE, SUITE 13  
JUPITER FL 33458

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
801 Maplewood Drive, Suite 17  
83.  
84. City  
Jupiter  
85. Zip Code  
FL 33469

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RATHKE, RICHARD C	
STREET ADDRESS	1095 JUPITER PARK DRIVE, SUITE 13	
CITY - ST - ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPITZNAGEL, WILLIAM F	
STREET ADDRESS	1095 JUPITER PARK DRIVE, SUITE 13	
CITY - ST - ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORE, H. GEARL	
STREET ADDRESS	1095 JUPITER PARK DRIVE, SUITE 13	
CITY - ST - ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPITZNAGEL, ROSMARIE	
STREET ADDRESS	1095 JUPITER PARK DRIVE, SUITE 13	
CITY - ST - ZIP	JUPITER FL 33458	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	801 Maplewood Drive, Ste #17
1.4 CITY - ST - ZIP	Jupiter, Fl. 33458
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	801 Maplewood Drive, Ste #17
2.4 CITY - ST - ZIP	Jupiter, Fl. 33458
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	801 Maplewood Drive, Ste #17
3.4 CITY - ST - ZIP	Jupiter, Fl. 33458
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	801 Maplewood Drive, Ste #17
4.4 CITY - ST - ZIP	Jupiter, Fl. 33458
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: *Richard Rathke* REQUIRED R.C. RATHKE 4/16/97 7461450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)