

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000067883 (5)**

1. Corporation Name

**NORTH FT. PIERCE REALTY CORP.**



Principal Place of Business: **701 U.S. HWY. ONE, STE. 402, NORTH PALM BEACH FL 33408**  
Mailing Address: **701 U.S. HWY. ONE, STE. 402, NORTH PALM BEACH FL 33408**

3. Date Incorporated or Qualified: **09/01/1995**  
3a. Date of Last Report

2. Principal Place of Business: **21 551 S. Military Trail**  
Suite, Apt. #, etc.  
**22 West Palm Beach, FL.**  
City & State  
**23 33415** Zip  
**25 Palm Beach** Country

2a. Mailing Address: **26 551 S. Military Trail**  
Suite, Apt. #, etc.  
**27 West Palm Beach, FL.**  
City & State  
**28 33415** Zip  
**30 Palm Beach** Country

4. FEI Number  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  No

9. Name and Address of Current Registered Agent  
**SMITH, LAWRENCE W**  
**701 U.S. HWY. ONE, STE. 402**  
**NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent  
**81 Name DOUGLAS E. THOMPSON**  
**82 Street Address (P.O. Box Number is Not Acceptable) 645 SOUTH MILITARY TRAIL**  
**83**  
**84 City WEST PALM BEACH FL 85 Zip Code 33415**

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]* **Douglas E. Thompson** DATE: **04/25/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STALUPPI, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>701 U.S. HWY. ONE, STE. 402</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. **John Staluppi**

SIGNATURE: *[Signature]* **Pres./Sec/Tres/Dir** DATE: **04/25/96** DAYTIME PHONE: **(407) 683-7100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)