

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

AMENDED 12/98

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98 DEC 17 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000055927
1. Corporation Name
SOUTH COUNTY PROPERTIES, INC.

Principal Place of Business Mailing Address
2111 Lynx Place 2111 Lynx Place
Loxahatchee, FL 33470 Loxahatchee, FL 33470

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 5600 Poinsettia Hwy.		2a 5600 Poinsettia Hwy.		7/2/96		5/12/98	
Suite, Apt # etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Suite 502		27 Suite 502		65-0643263		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 W. Palm Beach, Fl.		28 W. Palm Beach, Fl.		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24 33407 USA		29 33407 USA		<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
John R. DeToma 2111 Lynx Place Loxahatchee, FL 33470				81 Name Stuart A. Lipson, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 13899 Biscayne Blvd., Suite 404 83 84 City Miami FL 85 Zip Code 33181			

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 STUART A. LIPSON DATE 12/15/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		11 TITLE	DPS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOHN R. DETOMA			12 NAME	RICHARD W. RENO		
STREET ADDRESS	2111 LYNX PLACE			13 STREET ADDRESS	5600 Poinsettia Hwy. Suite 502		
CITY - ST - ZIP	LOXAHATCHEE, FL 33470			14 CITY - ST - ZIP	W. Palm Beach, Fl. 33407		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	D VP T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	STUART A. LIPSON		
STREET ADDRESS				2.3 STREET ADDRESS	13899 BISCAYNE BLVD. #404		
CITY - ST - ZIP				2.4 CITY - ST - ZIP	MIAMI, FL 33181		
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	100002721471-6		
STREET ADDRESS				4.3 STREET ADDRESS	-12/24/98-0106-018		
CITY - ST - ZIP				4.4 CITY - ST - ZIP	*****61.25 *****61.25		
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 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. 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 of Block 12, if changed, or on an attachment with an address.

SIGNATURE: John R. DeToma Stuart A. Lipson DATE: 12/15/98 DAYTIME PHONE: (305) 947-3000