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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 28 PM 3: 02

DOCUMENT # S89965 (5)

1. Corporation Name

ATLANTIC GULF DEVELOPMENT, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**LEGAL DEPT. 9TH FLOOR LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR 2601 S BAYSHORE DR
MIAMI FL 33133-2461 MIAMI FL 33133-2461**

3. Date Incorporated or Qualified **10/25/1991** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0293998		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
23		29		30		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANGLEY, MARCIA H
LEGAL DEPT., 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY, THOMAS W.	1.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	1.3 STREET ADDRESS	100001472261
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	-05/03/95--01008--001
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, MARCIA H.	2.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	VT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, JOHN H.	3.2 NAME	
STREET ADDRESS	2601 S. BAYSHOE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	DVC	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKESH, LINDA A	4.2 NAME	DV
STREET ADDRESS	2601 S. BAYSHORE DRIVE	4.3 STREET ADDRESS	Linda A. Mikesch
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	2601 S. Bayshore Drive
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEINERMAN, PETER S.	5.2 NAME	DVAS
STREET ADDRESS	2601 S. BAYSHORE DRIVE	5.3 STREET ADDRESS	Julio J. Gonzalez
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	2601 S. Bayshore Drive
TITLE		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 110.07(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 recipient or transferee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/25/95

(305) 859-4000

Marcia H. Langley