

**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 # **S89965** (5)

1. Corporation Name  
**ATLANTIC GULF DEVELOPMENT, INC.**



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

3. Date Incorporated or Qualified: **10/25/1991**  
3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **65-0293998**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

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

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
FL B5 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 re-registering

DATE

| 12. OFFICERS AND DIRECTORS |                        |  |
|----------------------------|------------------------|--|
| TITLE                      | DP                     | <input type="checkbox"/> DELETE            |
| NAME                       | JEFFREY, THOMAS W.     |  |
| STREET ADDRESS             | 2601 S. BAYSHORE DRIVE |  |
| CITY - ST - ZIP            | MIAMI FL               |  |
| TITLE                      | VS                     | <input type="checkbox"/> DELETE            |
| NAME                       | LANGLEY, MARCIA H.     |  |
| STREET ADDRESS             | 2601 S. BAYSHORE DRIVE |  |
| CITY - ST - ZIP            | MIAMI FL               |  |
| TITLE                      | VT                     | <input type="checkbox"/> DELETE            |
| NAME                       | FISCHER, JOHN H.       |  |
| STREET ADDRESS             | 2601 S. BAYSHOE DRIVE  |  |
| CITY - ST - ZIP            | MIAMI FL               |  |
| TITLE                      | DV                     | <input checked="" type="checkbox"/> DELETE |
| NAME                       | MIKESH, LINDA A        |  |
| STREET ADDRESS             | 2601 S. BAYSHORE DRIVE |  |
| CITY - ST - ZIP            | MIAMI FL               |  |
| TITLE                      | DVAS                   | <input checked="" type="checkbox"/> DELETE |
| NAME                       | GONZALEZ, JULIO J      |  |
| STREET ADDRESS             | 2601 S BAYSHORE DR     |  |
| CITY - ST - ZIP            | MIAMI FL 33133         |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE            |
| NAME                       |                        |  |
| STREET ADDRESS             |                        |  |
| CITY - ST - ZIP            |                        |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                      |  |
|---|----------------------|--|
| 1.1 TITLE   | VSD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | Langley, Marcia H.   |  |
| 1.3 STREET ADDRESS                                    | 2601 S. Bayshore Dr. |  |
| 1.4 CITY - ST - ZIP                                   | Miami, FL 33133      |  |
| 2.1 TITLE   | VS                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME  | Carleton, Callis N.  |  |
| 2.3 STREET ADDRESS                                    | 2601 S. Bayshore Dr. |  |
| 2.4 CITY - ST - ZIP                                   | Miami, FL 33133      |  |
| 3.1 TITLE   | VAS                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME  | Goldman, Joel K.     |  |
| 3.3 STREET ADDRESS                                    | 2601 S. Bayshore Dr. |  |
| 3.4 CITY - ST - ZIP                                   | Miami, FL 33133      |  |
| 4.1 TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |                      |  |
| 4.3 STREET ADDRESS                                    |                      |  |
| 4.4 CITY - ST - ZIP                                   |                      |  |
| 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                                   |                      |  |

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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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

Day

305-859-4071

Daytime Phone \*

CR2E034 (12/95)