

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra S. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 MAY 23 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V18616  
1. Corporation Name

ST. TROPEZ LIVING, INC.

Principal Place of Business Mailing Address  
~~446 Collins Avenue~~ ~~Miami Beach, FL~~ ~~33139~~  
~~446 Collins Avenue~~ ~~Miami Beach, FL~~ ~~33139~~

3. Date Incorporated or Qualified 03/04/92 3a. Date of Last Report 02/08/96

2. Principal Place of Business 2a. Mailing Address  
21 One South Pointe Drive 26 One South Pointe Drive  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 65-0330390 Applied For Not Applicable

22 City & State 27 City & State  
23 Miami Beach, Florida 28 Miami Beach, Florida

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip 25 Country 29 Zip 30 Country  
33139 Dade 33139 Dade

6. Election Campaign Financing Trust Fund Contributor  \$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

10. Name and Address of New Registered Agent

Robert R. Threatt  
~~446 Collins Avenue~~  
~~Miami Beach, FL 33139~~

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
One South Pointe Drive  
83  
84 City Miami Beach, Florida FL 85 Zip Code 33139

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.

6000218997-4  
-05/23/97--01072--017

SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDST <input type="checkbox"/> DELETE
NAME	Thomas Kramer
STREET ADDRESS	<del>446 Collins Avenue</del>
CITY-ST-ZIP	<del>Miami Beach, FL 33139</del>
TITLE	VP <input type="checkbox"/> DELETE
NAME	Henrich Von Hanau
STREET ADDRESS	<del>446 Collins Avenue</del>
CITY-ST-ZIP	<del>Miami Beach, FL 33139</del>
TITLE	VP <input type="checkbox"/> DELETE
NAME	Margaret Nee
STREET ADDRESS	<del>446 Collins Avenue</del>
CITY-ST-ZIP	<del>Miami Beach, FL 33139</del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	One South Pointe Drive
1.4 CITY-ST-ZIP	Miami Beach, FL 33139
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	One South Pointe Drive
2.4 CITY-ST-ZIP	Miami Beach, FL 33139
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	One South Pointe Drive
3.4 CITY-ST-ZIP	Miami Beach, FL 33139
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP Robert Threatt
4.3 STREET ADDRESS	One South Pointe Drive
4.4 CITY-ST-ZIP	Miami Beach, FL 33139
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Assistant Secretary Catherine Colonnese
5.3 STREET ADDRESS	One South Pointe Drive
5.4 CITY-ST-ZIP	Miami Beach, FL 33139
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 199.03(3)(b), Florida Statutes. I further certify that the information reported 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: *Robert R. Threatt* ROBERT R. THREATT 305-532-2519  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRP2E034 (9/96)