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FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V34689 (2)
DESERET PROPERTIES OF FLORIDA, INC.



Principal Place of Business

13754 DESERT LANE
13754 DESERET LANE
ST. CLOUD FL 34773
US

Mailing Address

13754 DESERT LANE
13754 DESERET LANE
ST. CLOUD FL 34773-9381
US

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GENHO, PAUL
13754 DESERET LANE
ST. CLOUD FL 34773

3. Date Incorporated or Qualified

05/08/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3170203

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. I, the undersigned, the person in the position of Director, Officer, Agent or Secretary of the above-named corporation, submit this statement for the purpose of changing its registered office, principal place of business, 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 for the Florida with, and in accordance with the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Officer, Director, Agent or Secretary

Signature of Registered Agent (to be completed when changing agent)

DATE

12. OFFICERS AND DIRECTORS

11	P	<input type="checkbox"/>	DELETE
NAME	GERHO, PAUL C		
STREET ADDRESS	13754 DESERET LN		
CITY, STATE, ZIP	ST CLOUD FL		
12	V	<input checked="" type="checkbox"/>	DELETE
NAME	PAYNE, JAMES B.		
STREET ADDRESS	13754 DESERT LANE		
CITY, STATE, ZIP	ST. CLOUD FL		
13	T	<input type="checkbox"/>	DELETE
NAME	COOK, KENT L		
STREET ADDRESS	13754 DESERT LANE		
CITY, STATE, ZIP	ST CLOUD FL		
14	S	<input checked="" type="checkbox"/>	DELETE
NAME	WHIPPLE, CHARLES P		
STREET ADDRESS	139 E SOUTH TEMPLE ST		
CITY, STATE, ZIP	SALT LAKE CITY UT		
15	D	<input type="checkbox"/>	DELETE
NAME	LAMOREAUX, ROBERT		
STREET ADDRESS	139 E SOUTH TEMPLE ST		
CITY, STATE, ZIP	SALT LAKE CITY UT		
16	D	<input checked="" type="checkbox"/>	DELETE
NAME	WILLIAMS, GREGORY L		
STREET ADDRESS	712 S OREGON AVE		
CITY, STATE, ZIP	TAMPA FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
12 NAME	Paul C. Genho				
13 STREET ADDRESS	13754 Deseret Lane				
14 CITY, STATE, ZIP	St. Cloud, FL				
21 TITLE	Director	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
22 NAME	John W. Creer				
23 STREET ADDRESS	139 E. South Temple				
24 CITY, STATE, ZIP	Salt Lake City, UT	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
31 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
32 NAME					
33 STREET ADDRESS					
34 CITY, STATE, ZIP		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
41 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
42 NAME					
43 STREET ADDRESS					
44 CITY, STATE, ZIP		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
51 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
52 NAME					
53 STREET ADDRESS					
54 CITY, STATE, ZIP		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
61 TITLE	Secretary Treasurer	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
62 NAME	Thomas G. Ruechert				
63 STREET ADDRESS	139 E. South Temple				
64 CITY, STATE, ZIP	Salt Lake City, UT				

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information furnished on this annual report for the applicable period is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a duly authorized officer of the corporation and the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the corporation's records, or on a separate instrument with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97

(407) 892-3672

CR2E034 (9/96)