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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 08 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400077998 (0)

GEORGICA ESTATE HOMES, INC.

Principat Place of Business Mailing Address 4845 TALLOWOOD LANE 4845 TALLOWOOD LANE										
BOCA RATON FL 33487 US		BOCA RATON FL 33487-1139 US								
							3. Date Incorporated or Qualified 10/24/1994	3a. Date of I 03/18/19		eport
2. Principal Place of Business			2a. Mailing Address				4. FEI Number]	Ар	plied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.				65-0528352 Not App			
22			27				5. Certificate of Status Desired	7 -		quired
City & Stat	0	28	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country		Ζιρ	Cour	nlry		8. This corporation has liability for			199.032,
24	25 g, Name and Address of Currer	[29] nt Regis	stered Agent	[30]			Florida Statutes 10, Name and Address of New Re	Yes X No gistered Agent		
PAC	OVER, MARVIN	•.,	. 17 1		81	Name		*		
4845 TALLOWOOD LANE			82 Street Add		Street Addr	ess (P.O. Box Number is Not Acceptab	ole)			
GOCA RATON FL 33487					83					
									(= 7 - 7	
					84	City		FL 85	Zip (9000
12. THE NAME STREET ADDRESS CHY-SI-ZIP THE NAME STREET ADDRESS CHY-SI-ZIP THE	Sprature typical or peniled name of registered app OFFICERS AN DP PADOVER, MARVIN 4845 TALLOWOOD LANE BOCA RATON FL VSTD PADOVER, MARLENE 4845 TALLOWOOD LANE BOCA RATON FL			13. 1.1 TIII 1.2 NAI 1.3 STH 1.4 CII 2.1 TIII 2.2 KAI	LE ME SEET Y-ST LE ME	ADDRESS 1- ZIP ADDRESS	ed when reinstating) ADDITIONS/CHANGES TO OFF40	DATE CERS AND DIRE CH CH CH	nange nange	Addition Addition
NAME			hart Prize	3.2 NA						Land y to partie to
STREET ADDRESS				33816	KE E T	ADDRESS				
CITY-SI-ZIP THILE NAME STREET ADDRESS CITY-SI-ZIP			DELFTE	3 4. CH 4 1 THU 4 2 NA 4 3 STH 4 4 CH	LE ME REEL :	ADDRESS		□ Ch	iange	Addition
THILE			DELFTE	51 TITE				□ CI	ange	Addition
NAME				52 NAM	ΛE					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			[] DETELE	54 CII* 61 TITL 62 NAM 63 SIM 64 CII*	.E Vie	ADDRESS		Ch	iange	Addition
Informatio	oy certify that the information supplied in Indicated on this armual report or s fficer or director of the son ceration or in Block 12 or Block 13 if objuged, o	supplom The rec	ental annual report is eiver or trustee empo	lify for the ϵ true and ac wered to ex	xer	nption stated	in Section 119,07(3)(i), Florida Statutes my signature shall have the same lega as required by Chapter 607, Florida S	 I further certify I effect as if mad tatutes; and tha 	/ that t de und t my na	he ler oath; that ame