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

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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077998 (0)

GEORGICA ESTATE HOMES, INC.

Principal Place of Business Mailing Address 4845 TALLOWOOD LANE 4845 TALLOWOOD LANE **BOCA RATON FL 33487 BOCA RATON FL 33487** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/24/1994</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0528352 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28

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PADOVER, MARVIN 4845 TALLOWOOD LANE BOCA RATON FL 33487

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Country

9. Name and Address of Current Registered Agent

	Trust Fund Contribution Added to Fees						
Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No						
10. Name and Address of New Registered Agent							
81	Name Padover, Marlene						
82	Street Address (P.O. Box Number is Not Acceptable)						
83							
84	City Boca Paton FL 85 ZIP Code 7						

**FILED** 

Mar 11 1998 8:00am

Secretary of State

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 affice 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a company to the appointment as registered agent. I am familiar with a company to the appointment as registered agent. I am familiar with a company to the appointment as registered agent. I am familiar with a company to the appointment as registered agent. I am familiar with a company to the appointment as registered agent. I am familiar with a company to the appointment as registered agent. I am familiar with a company to the appointment as registered agent. I am familiar with a company to the appointment as registered agent. I am familiar with a company to the appointment as registered agent. I am familiar with a company to the appointment agent and the appointment are a company to the appointment as registered agent. I am familiar with a company to the appointment are a company to the appointment and the appointment are a company to the appointment and the appointment are a company to the appointment and the appointment are a company to the appointment and the appointment are a company to the appointment and the appointment are a company to the appointment and the appointment are a company to the appointment and the appointment are a company to the appointment are a company to the appointment are a company to the appointment are a comp

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	nulen Padoner			3-4	-98			
12.	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS	e. (NOTE: F	Registered Agent signature	e required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12		
TITLE	<b>O</b> P	DELETE	1.1 TITLE	A	Change	Addition		
NAME	PADOVER, MARVIN		1.2 NAME					
STREET ADDRESS	4845 TALLOWOOD LANE		1.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		1.4 City-\$t-zip					
TITLE	VSTD	DELETE	2.1 T+TLE	ATST	Change	Addition		
NAME	PADOVER, MARLENE		2.2 NAME					
STREET ADDRESS	4845 TALLOWOOD LANE		2.3 STREET ADDRESS	, '				
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY - ST - ZIP		_			
TITLE		DELETE	3.1 TITLE		Change	Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-\$1-ZIP			. 3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE		Change	Addition		
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-\$1-ZIP	_		4.4 CITY - ST - ZIP					
TITLE		DELETE	5.1 TITLE		Change	Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - ST - ZIP					
TITLE		DELETE	6.1 TITLE		Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
0174 87 745			CADITY OF NO	ł .				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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:

Monein Partoner

3-4-98