

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 220737 (1)
 1. Corporation Name
PERDUE-DEAN CO., INC.



Principal Place of Business OCEAN REEF CLUB 2 FISHING VILLAGE KEY LARGO FL 33037	Mailing Address OCEAN REEF CLUB 2 FISHING VILLAGE KEY LARGO FL 33037-5230
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1959	3a. Date of Last Report 04/25/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0869592		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PERDUE, OLIN E 15 SUNSET CAY KEY LARGO, FLORIDA 33037		10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
		Perdue, Olin E. 100 Anchor Drive #446	
B3		B4 City	
		Key Largo, FL	
B5 Zip Code		33037	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERDUE, OLIN E	1.2 NAME	Perdue, Olin E.
STREET ADDRESS	GOLF VILLAGE 24B	1.3 STREET ADDRESS	100 Anchor Drive., #446
CITY-ST-ZIP	KEY LARGO, FL 0	1.4 CITY-ST-ZIP	Key Largo, FL. 33037
TITLE	STDV <input type="checkbox"/> DELETE	2.1 TITLE	STDV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELMORE, STEVEN	2.2 NAME	Elmore, Steven
STREET ADDRESS	8415 SW 107TH AVENUE, UNIT 304	2.3 STREET ADDRESS	103 NE 15 Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Homestead, FL. 33030
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	REDA, KENNETH W	3.2 NAME	
STREET ADDRESS	152 N. COCONUT PALM	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(i), 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:  **Steven M. Elmore** 4-17-97 305-367-2661
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)