

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathner Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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DOCUMENT # 233514 (9)

1. Corporation Name
TALLEYRAND PROPERTIES, INC.

Principal Place of Business 409 TALLEYRAND AVE. P.O. BOX 47663 JACKSONVILLE FL 32247-4763	Mailing Address 409 TALLEYRAND AVE. P.O. BOX 47663 JACKSONVILLE FL 32247-4763
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 400 BIK TALLEYRAND AVE RECAL	2a. Mailing Address 26 400 BIK TALLEYRAND AVE RECAL
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 02/20/1960	3a. Date of Last Report 01/20/1994
4. FEI Number 59-0900674	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FERLISI, JOHN
 11667 MANDARIN FOREST DR.
 JACKSONVILLE FL 32223**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of registered agent and the corporation (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERLISI, FRED A	1.2 NAME	
STREET ADDRESS	4119 PALOMA PT CT	1.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	1.4 CITY, ST, ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERLISI, JOHN F.	2.2 NAME	
STREET ADDRESS	11667 MANDARIN FOREST DR.	2.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	2.4 CITY, ST, ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, MARIANNE F.	3.2 NAME	
STREET ADDRESS	1049 NICHOLSON RD.	3.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	3.4 CITY, ST, ZIP	
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLINS, MARSHA F.	4.2 NAME	
STREET ADDRESS	24512 LOS SERRONAS DR.	4.3 STREET ADDRESS	
CITY, ST, ZIP	LAGUNA NIGUEL CA	4.4 CITY, ST, ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERLISI, JOSEPHINE P.	5.2 NAME	
STREET ADDRESS	4119 PALOMA PT CT	5.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	5.4 CITY, ST, ZIP	
TITLE		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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(B), Florida Statutes. I further certify that the information contained in 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 of this report, or any attachment with an address.

SIGNATURE: *John F. Ferlisi*
 JOHN FERLISI AND TYPED OR PRINTED NAME OF TRUSTING OFFICER OR DIRECTOR
John Ferlisi V.P.

1-14-95 (904) 268-1600
 Date of Filing