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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Morthani

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	233514
1. Corporation Name	

(9)

TALLEYRAND PROPERTIES, INC.

Supplement   Sup	i									
P.O. DOX 47883   P.O. DOX 47893   JACKSONMILE FL 32247-4783   US	Principal Place	of Business	Mailing Address					III BIBI BIBIL AANII DAAL	EFOIL DIRECTALISM TO DE	
2. Principal Pace of Business   2. A. Maling Andrees   2.   2.   2.   2.   2.   2.   2.   2	400 BLK TALLEYBRAND NW AREA P.O. BOX 47663 JACKSONVILLE FL 32247-4763 P.O. BOX 47663 JACKSONVILLE FL 32247-4763		2247-4763	3						
Summary   Summ	2. Principal Pla	Principal Place of Business 2e Mailing Address					I	0 1/20/		
City & State	21			٦			1	<u> </u>		
28	Suite, Apt. #						5. Certificate of Status Desired	7		
Part	City & State			1 '						
Section   Sect		<u> </u>	<u>├</u> ──	<u>⊢</u> -,						
FERLISI, JOHN 11667 MANDARIN FOREST DR. JACKSONVILLE FL. 32223  83  64  65  65  67  67  67  68  68  68  69  69  69  69  69  60  69  69  69  69				1001			· · · · · · · · · · · · · · · · · · ·			
11. Pursuant to the provisions of Sections 607.0502 and 607.1506. Ficials Statutes, the above named consortion submits this statement for the purpose of changing in the State of Finites. Such change was additioned by the corporation's submits this statement for the purpose of changing in the State of Finites. Such change was additioned by the corporation's submits this statement for the purpose of changing in the supplication of Section 607.0502, Finited Statutes, and accept the depondment are registered agent. I am from the purpose of Changing in the Section 607.0502, Finited Statutes, and accept the depondment are registered agent. I am from the purpose of Changing in the Section 607.0502, Finited Statutes, and accept the depondment are registered agent. I am from the purpose of Changing in the Section 607.0502, Finited Statutes, and accept the depondment are registered agent. I am from the corporation's theory accept the depondment are registered agent. I am from the corporation's theory accept the depondment are registered agent. I am from the corporation's theory accept the depondment are registered agent. I am from the corporation's theory accept the depondment are registered agent. I am from the corporation's theory accept the depondment are registered agent. I am from the corporation's theory accept the depondment are registered agent. I am from the corporation's trend agent. I am from the corporation's registered agent. I am from the corporation's registered agent. I am from the depondment are registered agent. I am from the corporation's trend agent. I am from the depondment are registered agent. I am from the depondency accept the depondency acc				ε	11	Name	· · · · · · · · · · · · · · · · · · ·			
STATE   ADDITIONS   1				8	32	Street Addre	oss (P.O. Box Number is Not Acceptal	5/e)		
1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named conscrator's submits this statement for the purpose of change its registered agent. I am registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's bloard of directors. I heretry accept the approximent as registered agent. I am registered agent. I am state of Fiorida. Such change was authorized by the corporation's bloard of directors. I heretry accept the approximent as registered agent. I am state of Fiorida. Such change was authorized by the corporation's bloard of directors. I heretry accept the approximent as registered agent. I am state of Fiorida. Such changes agent agent. I am state of Fiorida. Such changes agent				8	33					
SIGNATURE   Signature, good or protect name of registerin agent and late? agrication.   AODE Projected Agent agricum institution.   AODE Projected Agent agricum institution.   AODE Projected Agent agricum institution.   AODE				8	4	City		E1 85	Zip Code	
THE	tamiliar witi	n, and accept the obligations of, Sections of the start against the start of the start against the sta	on 607.0505, Florida Statutes	)TE Begistered As			where recordable gr	[M]		
NAME   FERLISI, FRED A   12 NAME   3 STREET ADDRESS   4119 PALOMA PT CT   13 STREET ADDRESS   14 CPTY-ST-ZP   27 TABLE							ADDITIONS/CHANGES TO OFF			
STREET ADDRESS								Unang	je ∐ Addition \:	
CITY_ST_ZIP		4440 DALOMA DT OT				ADDDESS				
TITLE										
11667 MANDARIN FOREST DR.   23 STREET ADDRESS   JACKSONVILLE FL   24 CITY-ST-ZIP			DELETE				<del></del>	☐ Chang	ge Addition	
DACKSONVILLE FL   24 CITY - SI - 27P	NAME	FERLISI, JOHN F.		2 2 NAM	E					
TITLE   SD	STREET ADDRESS	11667 MANDARIN FOREST I	OR.	2.3 STRE	ELA	ADDRESS				
NAME   JORDAN, MARIANNE F.   32 NAME   33.5 STREET ADDRESS   1049 NICHOLSON RD.   33.5 STREET ADDRESS   34 CITY-ST-ZIP   JACKSONVILLE FL   34 CITY-ST-ZIP	CHY-ST-ZIP			2.4 City	- SI	- 7(F				
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City-Si-ZiP		•		3.2 NAM	E					
Title										
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CITY-S1-ZIP	i					UUUBESS .				
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STREET ADDRESS	NAME	FERLISI, JOSEPHINE P.		5 2 NAM	E			-	_	
TITLE         DELETE         6.1 Title         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP	STREET ADDRESS			53 STHE	£1 A	NDDRESS				
NAME  51 FREET ADDRESS  62 NAME  63 STREET ADDRESS  CITY-ST-ZIP  64 CITY-ST-ZIF	CITY-ST-ZIP	JACKSONVILLE FL		5.4 C-TY						
STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY - ST - ZIP  6.4 CITY - ST - ZIP	TITLE		☐ DELETE	6. 1 T-TL	E			☐ Chang	je 🔲 Addition	
CITY-ST-ZIP 64 CITY-ST-ZIF		6.2 N		6.2 NAM	2 NAME					
				6.3 STRE	A T3	.Duress				
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further		cortify that the information auxiliars	with this films is unless took 6				the execution stated in Costs : 440	Owner Francis	4.400 14.40	

certify that the information indicated on this angual 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 control 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 chapter on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 (404)268-1608