

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 233514 (9)**  
1. Corporation Name  
**TALLEYRAND PROPERTIES, INC.**



Principal Place of Business: **400 BLK TALLEYBRAND NW AREA, P.O. BOX 47663, JACKSONVILLE FL 32247-4763, US**  
Mailing Address: **P.O. BOX 47663, JACKSONVILLE FL 32247-4763, US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

3. Date Incorporated or Qualified: **02/20/1960**  
3a. Date of Last Report: **01/20/1995**  
4. FEI Number: **59-0900674**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  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 (81-85) fields.

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 applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: FERLISI, FRED A	1.1 TITLE:	
STREET ADDRESS: 4119 PALOMA PT CT	CITY-ST-ZIP: JACKSONVILLE FL	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: VPD	NAME: FERLISI, JOHN F.	2.1 TITLE:	
STREET ADDRESS: 11667 MANDARIN FOREST DR.	CITY-ST-ZIP: JACKSONVILLE FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: SD	NAME: JORDAN, MARIANNE F.	3.1 TITLE:	
STREET ADDRESS: 1049 NICHOLSON RD.	CITY-ST-ZIP: JACKSONVILLE FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: VPD	NAME: ROLLINS, MARSHA F.	4.1 TITLE:	
STREET ADDRESS: 24512 LOS SERRONAS DR.	CITY-ST-ZIP: LAGUNA NIGUEL CA	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: TD	NAME: FERLISI, JOSEPHINE P.	5.1 TITLE:	
STREET ADDRESS: 4119 PALOMA PT CT	CITY-ST-ZIP: JACKSONVILLE FL	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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 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: *John Ferlisi* 1/15/96 (904) 268-1609  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)