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Jan 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32247-7663, US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/20/1960	3a. Date of Last Report 01/19/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0900674	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
FERLISI, JOHN 11667 MANDARIN FOREST DR. JACKSONVILLE FL 32223		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City	FL	85. Zip Code

11. Pursuant to the provisions of Section 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	NAME: FERLISI, FRED A	11 TITLE:	11 NAME: DECEASED 5-3-96
STREET ADDRESS: 4119 PALOMA PT CT	CITY-ST-ZIP: JACKSONVILLE FL	12 NAME:	12 STREET ADDRESS:
TITLE: VPD	NAME: FERLISI, JOHN F.	13 STREET ADDRESS:	14 CITY-ST-ZIP:
STREET ADDRESS: 11667 MANDARIN FOREST DR.	CITY-ST-ZIP: JACKSONVILLE FL	2.1 TITLE:	2.1 NAME: PRESIDENT
TITLE: SD	NAME: JORDAN, MARIANNE F.	2.2 NAME:	2.3 STREET ADDRESS:
STREET ADDRESS: 1049 NICHOLSON RD.	CITY-ST-ZIP: JACKSONVILLE FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: VPD	NAME: ROLLINS, MARSHA F.	3.1 TITLE:	3.1 NAME:
STREET ADDRESS: 24512 LOS SERRONAS DR.	CITY-ST-ZIP: LAGUNA NIGUEL CA	3.2 NAME:	3.3 STREET ADDRESS:
TITLE: TD	NAME: FERLISI, JOSEPHINE P.	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
STREET ADDRESS: 4119 PALOMA PT CT	CITY-ST-ZIP: JACKSONVILLE FL	4.1 TITLE:	4.1 NAME:
TITLE:	NAME:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
STREET ADDRESS:	CITY-ST-ZIP:	5.1 TITLE:	5.1 NAME:
TITLE:	NAME:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
STREET ADDRESS:	CITY-ST-ZIP:	6.1 TITLE:	6.1 NAME:
TITLE:	NAME:	6.2 NAME:	6.3 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	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 in an appointment with an address.

SIGNATURE: *John Ferlisi* (John FERLISI) 1-3-97 (904) 268-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)