

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

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Jan 14 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 # 256834 (3)

1. Corporation Name
SPANISH RIVER APTS., INC.

Principal Place of Business
2530 BANYAN RD
BOCA RATON FL 33432

Mailing Address
2530 BANYAN RD., APT. 1
BOCA RATON FL 33432-6219
US



3. Date Incorporated or Qualified 03/12/1962
3a. Date of Last Report 01/24/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1035807		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TAVONE, FRANCIS 2530 BANYAN RD #APT 1 BOCA RATON, FL BOCA RATON FL 33432				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 607.0505, Florida Statutes.

SIGNATURE *Francis Tavone* DATE 1/8/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MCKEON, JAMES				1.2 NAME			
STREET ADDRESS 2530 BANYAN RD APT 5				1.3 STREET ADDRESS			
CITY - ST - ZIP BOCA RATON, FL 33432				1.4 CITY - ST - ZIP 33432			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME TALLAKSEN, NORMAN				2.2 NAME			
STREET ADDRESS 2530 BANYAN RD APT 8				2.3 STREET ADDRESS			
CITY - ST - ZIP BOCA RATON, FL 33432				2.4 CITY - ST - ZIP 33432			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME TAVONE, FRANCES				3.2 NAME			
STREET ADDRESS 2530 BANYAN RD APT 1				3.3 STREET ADDRESS			
CITY - ST - ZIP BOCA RATON, FL 33432				3.4 CITY - ST - ZIP 33432			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME JOHNSON, GORDON				4.2 NAME			
STREET ADDRESS 2530 BANYAN RD APT 3				4.3 STREET ADDRESS			
CITY - ST - ZIP BOCA RATON FL				4.4 CITY - ST - ZIP 33432			
TITLE <input checked="" type="checkbox"/> DELETE				5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME POPICK, VIRGINIA				5.2 NAME			
STREET ADDRESS 2530 BANYAN RD APT 6				5.3 STREET ADDRESS			
CITY - ST - ZIP BOCA RATON FL				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: *Norman Tallaksen* NORMAN TALLAKSEN DATE 1/8/97 (407) 391-1960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (9/96)