SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 297039

(0)

HAINES CITY FLA COMMERCIAL PROPERTIES DEVELOPMEN T CORPORATION

FILED Sep 02 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								BIEIL BIBIL A	DIA DIDIA	EIEN GI	101 (0 D)
P.O. BOX 1693 P.O. BOX 1693 BATON ROUGE LA 70821 BATON ROUGE LA							DO NOT WRITE	E IN THIS :	SPACE		
							3. Date Incorporated or Qualified	3a. Da	ite of La	ast Re	port
							09/23/1965	08/2	8/199) 6	
_	Place of Business	28. Mai	Mailing Address				4. FEI Number	Number Applied For			
21		26					72-0644180	Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of Status Desired	Ø			dditional
22	0.00							e Rec	1		
City & Stat	le .	h	City & State				6. Election Campaign Financing Trust Fund Contribution		•		May Be Fees
Zip	Country	Zip		Cour	ntrv		8. This corporation owes or has pa				
24	25	29	e ih	30	,		Personal Property Tax due June		Yes		No
	9. Name and Address of Cut		l Agent	1201			10. Name and Address of New Ro			_=	
COH	IEN, FRED C				B1	Name					
712 U.S. HIGHWAY 1					82	Street Addr	ess (P.O. Box Number is Not Accepta	hlei			
SUITE 400											
	TH PALM BEACH FL 33408			ſ	83						
				H	84	City			85	Zip C	nde
					1			FL			
office or I	to the provisions of Sections 607: registered agent, or both, in the Si am familiar with, and accept the ob-	tate of Florida. S	uch change was	authorized	l by	the corporat	oration submits this statement for the ion's board of directors. I hereby acce	purpose of pt the app	chang ointmer	ing its nt as r	registered egistered
SIGNATURE			-11-					DATE			
12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTOR		13.	Age	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFI		DIREC	TORS	S IN 12
TITLE	P		DELETE	1.1 707	LE				Cha		Addition
NAME	MARVIN, WILBUR			1.2 NA	ME					-	
STREET ADDRESS	1906 BEAUMONT			1.3 \$16	REET.	ADDRESS					
CITY-ST-ZIP	BATON ROUGE LA			1.4 CIT	Y-\$1	T- ZIP					
TiTLE	V	☐ DELETE 2.		2.1 7(1)	2.1 TITLE				☐ Cha	inge	Addition
NAME	FARRELL, EUGENE B			2.2 NA	ME						
STREET ADDRESS	1906 BEAUMONT			2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	BATON ROUGE LA			2 4 CI	ry-s	51 - ZIP					
TITLE	8		☐ DELETE	3 1 T¢T	LE				☐ Cha	inge	Addition Addition
NAME	LOVE, LOJEAN			3.2 NA	J.						
STREET ADDRESS	1906 BEAUMONT					ADDRESS					
CITY-ST-ZIP	BATON ROUGE LA		Des ere	3.4. CI		T-ZIP			<u>Γ Αί</u>		1 2 2 2 2 2 1 - 1
TITLE			☐ DELETE	4.1 1(1		1			☐ Cha	inge	Addition
NAME				4. 2 NA		400000	•				
STREET ADDRESS				1		ADDRESS					
CITY-ST-ZIP			DELETE	4.4 CIT		I - ZIP			Cha		Addition
TITLE NAME			L) DELETE	5.1 TITE 5.2 NAI					LI VIR	∗ iÑo	LL AUGUOI
						ADDECC					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			DELETE	5.4 CIT 6.1 TiT		1-ZIP			Cha		Addition
NAME				6.2 NA						- 0-	
STREET ADDRESS						ADORESS					
CITY-ST-ZIP				6.4 CIT		- 1					
WHIT OF CH	1			■ U.4 UII	ان-،	- ER					

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 chapted, or on an attachment with an address.

Olialan

(my) and mal