

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

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 405150 (4)
1. Corporation Name
POINCIANA UTILITIES INC



Principal Place of Business 4837 SWIFT ROAD SUITE 100 SARASOTA FL 34231	Mailing Address 4837 SWIFT ROAD SUITE 100 SARASOTA FL 34231-5157
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1972		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 59-1465024		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALLEN, GERALD S 4837 SWIFT ROAD SUITE 100 SARASOTA FL 34231				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  Gerald S. Allen P/D/C
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D/C	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GORDON, ROBERT B			1.2 NAME	ALLEN, GERALD S.		
STREET ADDRESS	255 ALHAMBRA CIRCLE			1.3 STREET ADDRESS	4837 SWIFT RD., #100		
CITY - ST - ZIP	CORAL GABLES FL			1.4 CITY - ST - ZIP	SARASOTA FL 34231		
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRADTMILLER, PAUL			2.2 NAME	ACOSTA, MICHAEL		
STREET ADDRESS	4837 SWIFT RD			2.3 STREET ADDRESS	4837 SWIFT RD., #100		
CITY - ST - ZIP	SARASOTA FL			2.4 CITY - ST - ZIP	SARASOTA FL 34231		
TITLE	VT	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MURPHY, MICHAEL			3.2 NAME			
STREET ADDRESS	4837 SWIFT RD. #200			3.3 STREET ADDRESS	4837 SWIFT RD., #100		
CITY - ST - ZIP	SARASOTA FL			3.4 CITY - ST - ZIP	34231		
TITLE	CAST	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHIFANO, JOSEPH			4.2 NAME			
STREET ADDRESS	4837 SWIFT RD			4.3 STREET ADDRESS	4837 SWIFT RD., #100		
CITY - ST - ZIP	SARASOTA FL			4.4 CITY - ST - ZIP	34231		
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHUBBUCK, ANITA J.			5.2 NAME			
STREET ADDRESS	4837 SWIFT RD. #200			5.3 STREET ADDRESS	4837 SWIFT RD., #100		
CITY - ST - ZIP	SARASOTA FL			5.4 CITY - ST - ZIP	34231		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCAIRY, CHARLES			6.2 NAME			
STREET ADDRESS	255 ALHAMBRA CIRCLE			6.3 STREET ADDRESS			
CITY - ST - ZIP	CORAL GABLES FL			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.

CR2E034 (9/96)