

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

FILED  
Apr 23 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 # 447446 (6)  
1. Corporation Name  
SOUTHLAND FORMING, INC.

Principal Place of Business 3939 S. CONGRESS AVE. SUITE # 103 LAKE WORTH FL 33461	Mailing Address 3939 S. CONGRESS AVE. SUITE # 103 LAKE WORTH FL 33461-4119
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/11/1974	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-1525581	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				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 PATTERSON (GEORGE A) 663 SE 10TH ST. DEERFIELD BEACH FL 33441				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HINSON, RICHARD D			1.2 NAME			
STREET ADDRESS	P.O. BOX 23 N/A			1.3 STREET ADDRESS			
CITY-ST-ZIP	ALTA FL 32421			1.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, RICHARD			2.2 NAME			
STREET ADDRESS	237 NE 42ND COURT			2.3 STREET ADDRESS			
CITY-ST-ZIP	POMPAHO BEACH FL			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITESIDE, DARRELL			3.2 NAME	WHITESIDE, DARRELL		
STREET ADDRESS	5173 WOODLAND DRIVE			3.3 STREET ADDRESS	5173 WOODLAND DRIVE		
CITY-ST-ZIP	DELRAY BEACH FL			3.4 CITY-ST-ZIP	DELRAY BEACH, FL		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITESIDE ANDREW			4.2 NAME			
STREET ADDRESS	6339 LACOSTA DR., APT. E			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITESIDE, ANDREW			5.2 NAME			
STREET ADDRESS	660 SAND PINE CIRCLE			5.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL			5.4 CITY-ST-ZIP			
TITLE	EVPT	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITESIDE MARY K.			6.2 NAME			
STREET ADDRESS	847 DIXIE AVE.			6.3 STREET ADDRESS			
CITY-ST-ZIP	MADISON GA			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:

March 19 1997 561-968-2005

CR2E034 (9/96)