

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 493180 (4)

1. Corporation Name
SOUTHERN INVESTORS REALTY, INC.



Principal Place of Business: **455 N. INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 34640**
Mailing Address: **455 N. INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 34640**

3. Date Incorporated or Qualified: **12/29/1975** 3a. Date of Last Report: **04/10/1995**
4. FEI Number: **59-1648707** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Subs. Apt. #, etc.: **22** Subs. Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, JEFF
455 INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 34640**

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 Sections 607.0502 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	B	<input type="checkbox"/> DELETE
2. NAME	MOORE, MYRON	
3. STREET ADDRESS	700 TANGLEWOOD DRIVE	
4. CITY, ST, ZIP	DUNEDIN FL	
5. TITLE	PD	<input type="checkbox"/> DELETE
6. NAME	VELTMAN, DAVE M.	
7. STREET ADDRESS	455 N INDIAN ROCKS ROAD	
8. CITY, ST, ZIP	BELLEAIR BLUFFS FL	
9. TITLE	V	<input type="checkbox"/> DELETE
10. NAME	MOORE, JEFF	
11. STREET ADDRESS	455 N INDIAN ROCKS ROAD	
12. CITY, ST, ZIP	BELLEAIR BLUFFS FL	
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 its successor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Back 12 or Back 13 if changed, or _____ with an address _____

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 813-585-6333
Date Office Phone #

CR2E034 (12/95)