

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

**FILED**

**Feb 03 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 # 493180 (4)**

1. Corporation Name  
**SOUTHERN INVESTORS REALTY, INC.**



Principal Place of Business  
**455 N. INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 33770**

Mailing Address  
**455 N. INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 33770-2014**

3. Date Incorporated or Qualified  
**12/29/1975**

3a. Date of Last Report  
**02/20/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1648707</b>	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
22	27	28	<b>\$5.00</b> May Be Added to Fees
City & State	City & State	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip <b>33770</b>	Country	30	
24	25		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MOORE, JEFF 455 INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>B</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, MYRON</b>	1.2 NAME	
STREET ADDRESS	<b>700 TANGLEWOOD DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DUNEDIN FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VELTMAN, DAVE M.</b>	2.2 NAME	
STREET ADDRESS	<b>455 N INDIAN ROCKS ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BELLEAIR BLUFFS FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, JEFF</b>	3.2 NAME	
STREET ADDRESS	<b>455 N INDIAN ROCKS ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BELLEAIR BLUFFS FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 for the recipient 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 change in or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **REQUIRED** **1/2/97** Date **813-585-6333** Daytime Phone #

CR2E034 (9/96)