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May 05 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 # 579492 (0) 1. Corporation Name SOUTH COUNTY REALTY, INC.																																																														
Principal Place of Business 1401 BCH RD APT 201 ENGLEWOOD FL 34223 US		Mailing Address 1401 BCH RD APT 201 ENGLEWOOD FL 34223-4250 US																																																												
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 30																																																													
9. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> JENKINS, SYLVIA O 1401 BCH RD APT 201 ENGLEWOOD FL 34223 </div> <div style="width: 15%;"> 81 Name 82 Street Address 83 84 City </div> </div>																																																														
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.																																																														
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>																																																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 75%;"> 12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PSY</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>JENKINS, SYLVIA O</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1401 BEACH RD., #201</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ENGLEWOOD, FL 00000</td> <td></td> </tr> </table> </div> <div style="width: 25%;"> 13. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1.1 TITLE</td><td></td></tr> <tr><td>1.2 NAME</td><td></td></tr> <tr><td>1.3 STREET ADDRESS</td><td></td></tr> <tr><td>1.4 CITY - ST - ZIP</td><td></td></tr> <tr><td>2.1 TITLE</td><td></td></tr> <tr><td>2.2 NAME</td><td></td></tr> <tr><td>2.3 STREET ADDRESS</td><td></td></tr> <tr><td>2.4 CITY - ST - ZIP</td><td></td></tr> <tr><td>3.1 TITLE</td><td></td></tr> <tr><td>3.2 NAME</td><td></td></tr> <tr><td>3.3 STREET ADDRESS</td><td></td></tr> <tr><td>3.4 CITY - ST - ZIP</td><td></td></tr> <tr><td>4.1 TITLE</td><td></td></tr> <tr><td>4.2 NAME</td><td></td></tr> <tr><td>4.3 STREET ADDRESS</td><td></td></tr> <tr><td>4.4 CITY - ST - ZIP</td><td></td></tr> <tr><td>5.1 TITLE</td><td></td></tr> <tr><td>5.2 NAME</td><td></td></tr> <tr><td>5.3 STREET ADDRESS</td><td></td></tr> <tr><td>5.4 CITY - ST - ZIP</td><td></td></tr> <tr><td>6.1 TITLE</td><td></td></tr> <tr><td>6.2 NAME</td><td></td></tr> <tr><td>6.3 STREET ADDRESS</td><td></td></tr> <tr><td>6.4 CITY - ST - ZIP</td><td></td></tr> </table> </div> </div>			TITLE	PSY	<input type="checkbox"/> DELETE	NAME	JENKINS, SYLVIA O		STREET ADDRESS	1401 BEACH RD., #201		CITY - ST - ZIP	ENGLEWOOD, FL 00000		1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS		1.4 CITY - ST - ZIP		2.1 TITLE		2.2 NAME		2.3 STREET ADDRESS		2.4 CITY - ST - ZIP		3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS		3.4 CITY - ST - ZIP		4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP		5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP		6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.																																																														
SIGNATURE: <i>Sylvia O. Jenkins</i> SYLVIA O. JENKINS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																														