

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 # 639029 (8)

1. Corporation Name
PARK SOUTH DEVELOPERS, INC.



Principal Place of Business: 1 BEACH DRIVE, S.E., #1603 ST. PETERSBURG FL 33701-0925
Mailing Address: 1 BEACH DRIVE, S.E., #1603 ST. PETERSBURG FL 33701-0925

3. Date Incorporated or Qualified: 10/08/1979
3a. Date of Last Report: 02/17/1995
4. FEI Number: 59-2039889
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FLEECE, JOSEPH W., JR~~
~~80 SIXTH STREET NORTH~~
~~ST. PETERSBURG FL 33701~~
MICHAEL L. McKee
7500 5TH AVE No.
ST. PETERSBURG FL 33710

81 Name: Michael L. McKee
82 Street Address (P.O. Box Number is Not Acceptable): 7500 5TH AVE No.
83
84 City: ST. PETERSBURG FL 85 Zip Code: 33710

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]*
Signature (typed or printed name of registered agent) and title (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE: 2.27.96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCKEE, C W JR	
STREET ADDRESS	1 BEACH DR SE.	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	
TITLE	FLEECE, JOSEPH W JR	<input checked="" type="checkbox"/> DELETE
NAME	FLEECE, JOSEPH W JR	
STREET ADDRESS	240 1ST AVE SO	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	
TITLE	<i>Michael L McKee</i>	<input type="checkbox"/> DELETE
NAME	<i>Michael L McKee</i>	
STREET ADDRESS	<i>7500 5TH AVE No.</i>	
CITY - ST - ZIP	<i>ST. PETERSBURG FL 33710</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Delete In #1603</i>
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Deletion</i>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 2.27.96
DATE AND PHONE #: 813-895-4835

CR2E034 (12/95)