

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

FILED

Apr 16 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 # 672124 (5)

1. Corporation Name
SOUNDVIEW ESTATES, INC.

Principal Place of Business
226 TROY STREET NE
C/O JAMES G. ETHEREDGE
FT WALTON BEACH FL 32548

Mailing Address
226 TROY STREET NE
C/O JAMES G. ETHEREDGE
FT WALTON BEACH FL 32548-4433



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/03/1980 | 3a. Date of Last Report 04/22/1996 |
| 21 | State, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-2054586 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 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

ETHEREDGE, JAMES G.
226 TROY STREET NE
FT WALTON BEACH FL 32548

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 |

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 | PD | 1.1 TITLE | |
| NAME | ETHEREDGE, ELIZABETH G | 1.2 NAME | |
| STREET ADDRESS | 226 TROY ST NE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT WALTON BCH FL | 1.4 CITY-ST-ZIP | |
| TITLE | STD | 2.1 TITLE | |
| NAME | ETHEREDGE, JAMES G. | 2.2 NAME | |
| STREET ADDRESS | 226 TROY ST NE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT WALTON BCH FL | 2.4 CITY-ST-ZIP | |
| TITLE | VD | 3.1 TITLE | |
| NAME | ETHEREDGE, JAMES H. | 3.2 NAME | |
| STREET ADDRESS | 226 TROY ST NE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT WALTON BCH FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 supplement to 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 registered agent or licensee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97 904 244-0178

CR2E034 (9/96)