

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751905** (1)
1. Corporation Name
SOUTHEASTERN CULTURED MARBLE ASSOCIATION, INC.



Principal Place of Business 202 SW OAKRIDGE DR. PORT ST. LUCIE FL 34984	Mailing Address 202 SW OAKRIDGE DR. PORT ST. LUCIE FL 34984-4935
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3. Date Incorporated or Qualified 04/07/1980	3a. Date of Last Report 04/06/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 22	City & State 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 23	Country 28	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUYSMAN, MICHEL, ESQ.
2000 S. DIXIE HIGHWAY
SUITE 101
MIAMI FL 33133**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESTEFANO, IRENE J	1.2 NAME	
STREET ADDRESS	355 GUS HIPP BLVD.	1.3 STREET ADDRESS	202 SW OAKRIDGE DRIVE
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAVIS, FRED	2.2 NAME	BRIDGETTE HAMNER
STREET ADDRESS	780 8TH COURT	2.3 STREET ADDRESS	780 8TH COURT
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTMAN, JERRY	3.2 NAME	LARRY NADAL
STREET ADDRESS	1733 BUNCHE STREET	3.3 STREET ADDRESS	950 BELL ROAD
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TRON GUERTIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGGINS, THOMAS	4.2 NAME	1657 W. UNIVERSITY PARKWAY
STREET ADDRESS	4491 SE OMERI COURT	4.3 STREET ADDRESS	SARASOTA, FL 34243
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JOB DUTMERS
STREET ADDRESS		5.3 STREET ADDRESS	1544 MARKET CIRCLE, BLDG 11
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33955
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	JE
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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* **SIGNATURE REQUIRED** 41697 54-286-4237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071613

CR2E037 (9/96)