

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28 1997 8:00am
Secretary of State

DOCUMENT # **G16475** (7)
1. Corporation Name
SPI REALTY ASSOCIATES, INC.



Principal Place of Business
**2 EATON STREET, SUITE #1100
HAMPTON VA 23669**

Mailing Address
**2 EATON STREET, SUITE #1100
HAMPTON VA 23669**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1982		3a. Date of Last Report 04/26/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FLE Number 59-2316315		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**JOHNSON, M.JEROME
4620 N.STATE RD.7,STE.317
FT. LAUDERDALE FL 33319**

10. Name and Address of New Registered Agent

81 Name **William Kelly**
82 Street Address (P.O. Box Number is Not Acceptable)
6301 Biscayne Blvd., Suite 100
83 **Suite 100**
84 City **Miami** FL 85 Zip Code **33138**

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 *William Kelly* **William Kelly, Regional Vice President** July 21, 1997
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	DCP	<input type="checkbox"/> DELETE		1.1 TITLE	Director, Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOSEPH, EDWIN A			1.2 NAME			
STREET ADDRESS	2 EATON STREET #1100			1.3 STREET ADDRESS			
CITY-ST-ZIP	HAMPTON VA			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BYRNE JOSEPH P			2.2 NAME			
STREET ADDRESS	2 EATON ST. STE1100			2.3 STREET ADDRESS			
CITY-ST-ZIP	HAMPTON VA			2.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BYRNE JOSEPH P.			3.2 NAME			
STREET ADDRESS	2 ETON ST. STE 1100			3.3 STREET ADDRESS			
CITY-ST-ZIP	HAMPTON VA			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	President		
STREET ADDRESS				4.3 STREET ADDRESS	Aubrey L. Layne, Jr.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	2 Eaton Street, Suite 1100 Hampton, Virginia 23669		
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 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: *Joseph P. Byrne* **Joseph P. Byrne, Controller** July 21, 1997 (753) 896 2400

CR2E034 (4/97)