

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G40032 (6)**
1. Corporation Name
BLOCK 52, INC.



Principal Place of Business: **C/O HOWARD C. SERKIN
717 SPINNAKERS REACH
PONTE VEDRA FL 32082**

Mailing Address: **C/O HOWARD C. SERKIN
717 SPINNAKERS REACH
PONTE VEDRA FL 32082**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1983	3a. Date of Last Report 03/16/1995
21		26		4. FEI Number 59-2294372	Applied For <input type="checkbox"/>
22	Suite, Apt. #, etc. 712	27	Suite, Apt. #, etc. 712	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent DALE, HOWARD 185 W BAY ST STE 200 JACKSONVILLE FL 32202				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable) SUITE 1100
				83	200 WEST FOLSYTH ST.
				84	City
					FL
				85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SERKIN, HOWARD C		1.2 NAME		
STREET ADDRESS	717 SPINNAKERS REACH RD		1.3 STREET ADDRESS	712 SPINNAKERS REACH	
CITY-STATE-ZIP	PONTE VEDRA BCH FL		1.4 CITY-STATE-ZIP	PONTE VEDRA BCH, FL. 32082	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZECHELLA, ALEXANDER P		2.2 NAME		
STREET ADDRESS	P.O. BOX 1589, NA		2.3 STREET ADDRESS		
CITY-STATE-ZIP	PONTE VEDRA BCH FL		2.4 CITY-STATE-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCIS, JAMES D.		3.2 NAME		
STREET ADDRESS	4250 ORTEGA BLVD.		3.3 STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE FL		3.4 CITY-STATE-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANLANDINGHAM, RAY M		4.2 NAME		
STREET ADDRESS	4887 WATER OAK LANE		4.3 STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE FL		4.4 CITY-STATE-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIXON, JOSEPH M III		5.2 NAME		
STREET ADDRESS	2915 INDEPENDENT SQUARE		5.3 STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE FL		5.4 CITY-STATE-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-STATE-ZIP			6.4 CITY-STATE-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: Howard C. Serkin Date: 4-15-96 Telephone: (904) 285-5241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: HOWARD C. SERKIN

CR2E034 (12/95)