

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H82252** (8)

1. Corporation Name
LUCERNE REALTY, INC.

Principal Place of Business P.O. BOX 521238 SALT LAKE CITY UT 84152-1238	Mailing Address P.O. BOX 521238 SALT LAKE CITY UT 84152
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/17/1985		3a. Date of Last Report 01/30/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 58-1645054		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		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 PETROSKI, BARBARA J. 100 W LUCERNE CIR SUITE 504 ORLANDO FL 32801				10. Name and Address of New Registered Agent			
				81 Name Erich Huemer			
				82 Street Address (P.O. Box Number is Not Acceptable) 7400 International Drive			
				83			
				84 City Orlando FL 85 Zip Code 32819			

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 *Erich Huemer* 1-10/97 DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETERSON, MARILYN			1.2 NAME			
STREET ADDRESS	2120 SOUTH 1300 EAST			1.3 STREET ADDRESS	3069 E. Carrigan Canyon Dr		
CITY - ST - ZIP	SALT LAKE CITY UT 84108			1.4 CITY - ST - ZIP	Salt Lake City, Utah 84109		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINELY, HAMILTON			2.2 NAME			
STREET ADDRESS	2120 SOUTH 1300 EAST			2.3 STREET ADDRESS	3069 E. Carrigan Canyon Dr		
CITY - ST - ZIP	SALT LAKE CITY UT			2.4 CITY - ST - ZIP	Salt Lake City, Utah 84109		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOBLER, JENNIFER			3.2 NAME			
STREET ADDRESS	2120 SOUTH 1300 EAST #101			3.3 STREET ADDRESS	3069 E. Carrigan Canyon Dr		
CITY - ST - ZIP	SALT LAKE CITY FL			3.4 CITY - ST - ZIP	SALT LAKE CITY, UTAH 84109		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
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: *[Signature]* DATE **1/6/97** DAYTIME PHONE # **801-487-4048**

CR2E034 (9/96)