

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # J06981 (1)**  
1. Corporation Name  
**NORTH COUNTY PROPERTIES, INC.**



Principal Place of Business  
**8297 S.E. COUNTRY ESTATES  
JUPITER FL 33458**

Mailing Address  
**8297 S.E. COUNTRY ESTATES  
JUPITER FL 33458**

3. Date Incorporated or Qualified **03/31/1986** 3a. Date of Last Report **02/16/1995**

2. Principal Place of Business  
**21 P. O. Box 20016**  
Suite, Apt. #, etc.

2a. Mailing Address  
**26 P. O. Box 20016**  
Suite, Apt. #, etc.

4. FEI Number **65-0133034** Applied For  
Not Applicable

22 City & State  
**West Palm Beach, Florida**

27 City & State  
**West Palm Beach, Florida**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

23 Zip **33416** 25 Country **USA**

29 Zip **33416** 30 Country **USA**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

**HELM, JAMES T  
8297 SE COUNTY ESTATES  
JUPITER FL 33458**

**10. Name and Address of New Registered Agent**

81 Name **E. LAWRENCE E. MURPHY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**400 Executive Center Drive**  
83 Suite **201**  
84 City **West Palm Beach** FL 85 Zip Code **33401**

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 obligation of, Section 607.0502, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

*Lawrence E. Murphy* (LAWRENCE E. MURPHY)

4/19/96

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P WEIZER, WILLIAM S</b>
STREET ADDRESS	<b>19803 LOXAHATCHEE RIVER</b>
CITY-ST-ZIP	<b>JUPITER FL 33458</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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:

*William S. Weizer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30 96  
Date

Daytime Phone #

CR2E034 (12/95)