
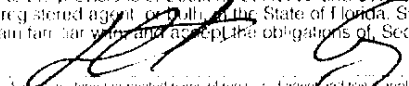



FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J33747 (3) 1. Corporation Name: ST. ANDREWS-NORTH, INC.			
Principal Place of Business 6983 N WICKHAM ROAD MELBOURNE FL 32940 US		Mailing Address 60 CUTTER MILL ROAD SUITE 212 GREAT NECK NY 11021-3104	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 09/18/1986		3a. Date of Last Report 03/25/1996	
4. FEI Number 13-3373865		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 CORPLEX REALTY INC. 6767 NORTH WICKHAM RD SUITE 400 MELBOURNE FL 32940		10. Name and Address of New Registered Agent 81 Name GOLDEN TRIANGLE REALTY, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 6765 North Wickham Road 83 Suite C-106 84 City MELBOURNE FL 85 Zip Code 32940	
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 within 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:  President 3/25/97 DATE (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DC <input type="checkbox"/> DELETE MARCHESO, JOSEPH J. 6767 NORTH WICKHAM ROAD - SUITE 400 MELBOURNE FL 32940	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DP <input type="checkbox"/> DELETE GOLDING, HARRIET 60 CUTTER MILL ROAD - SUITE 212 GREAT NECK NY
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DVP <input type="checkbox"/> DELETE LEVY, JERROLD, G. 60 CUTTER MILL ROAD - SUITE 212 GREAT NECK NY	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	T <input type="checkbox"/> DELETE JARDINE, JEFFREY P 60 CUTTER MILL ROAD - SUITE 212 GREAT NECK NY 12021
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	AS <input type="checkbox"/> DELETE STANZIONE, BARBARA T 60 CUTTER MILL ROAD - SUITE 212 GREAT NECK NY 12021	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	S <input type="checkbox"/> DELETE SCHLOSSBERG, MORTON J 60 CUTTER MILL ROAD - SUITE 212 GREAT NECK NY 12021
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		3/25/97 (516) 487-0446	

CR2E034 (9/96)