


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

FILED
Mar 24 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 # J58163 (3) 1. Corporation Name ORANGE ACRES, INC.	

2. Principal Place of Business § L. Frank Chopin 440 Royal Palm Way #200 Palm Beach, FL 33480	Mailing Address § L. Frank Chopin 440 Royal Palm Way #200 Palm Beach, FL 33480
21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country

3. Date Incorporated or Qualified 02/20/1987	3a. Date of Last Report 01/18/96
4. FEI Number 59-2775547	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 Chopin, L. Frank 440 Royal Palm Way, Suite 200 Palm Beach, FL 33480

10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code

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 understand with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
1.1. NAME DPS Chopin, L. Frank 440 Royal Palm Way, Suite 200 Palm Beach, FL 33480	<input type="checkbox"/> DELETE
1.2. NAME 1.3. STREET ADDRESS 1.4. CITY- ST- ZIP	<input type="checkbox"/> DELETE
2.1. NAME 2.2. STREET ADDRESS 2.3. CITY- ST- ZIP	<input type="checkbox"/> DELETE
3.1. NAME 3.2. STREET ADDRESS 3.3. CITY- ST- ZIP	<input type="checkbox"/> DELETE
4.1. NAME 4.2. STREET ADDRESS 4.3. CITY- ST- ZIP	<input type="checkbox"/> DELETE
5.1. NAME 5.2. STREET ADDRESS 5.3. CITY- ST- ZIP	<input type="checkbox"/> DELETE
6.1. NAME 6.2. STREET ADDRESS 6.3. CITY- ST- ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1. TITLE 1.2. NAME 1.3. STREET ADDRESS 1.4. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1. TITLE 2.2. NAME 2.3. STREET ADDRESS 2.4. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1. TITLE 3.2. NAME 3.3. STREET ADDRESS 3.4. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1. TITLE 4.2. NAME 4.3. STREET ADDRESS 4.4. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1. TITLE 5.2. NAME 5.3. STREET ADDRESS 5.4. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1. TITLE 6.2. NAME 6.3. STREET ADDRESS 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 included on this annual report is 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; and that I am not a partner in the partnership; and that my name appears in Block 12 or Block 13 of this form, or in an amendment to this form.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR L. Frank Chopin	3/14/97 Date	(561) 655-9500 Daytime Phone #
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CR2E034 (9/96)