

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:00

DOCUMENT # J71321 (0)

1. Corporation Name
THREE FLAGS PROPERTIES, INC.

Principal Place of Business Mailing Address
**1211 12TH STREET P. O. BOX 70068
P.O. BOX 70068 ST.CLOUD FL 34770-0068
ST.CLOUD FL 34770-0068 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/06/1987** 3a. Date of Last Report **02/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2801039		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		29	
Zip	Country	Zip	Country				
25	US	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EKEN, RONALD C. 1211 12TH STREET ST.CLOUD FL 34769				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signatures required when resigning) (DATE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VS			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EKEN, RONALD C.			1.2 NAME			
STREET ADDRESS	1211 12 ST			1.3 STREET ADDRESS			
CITY - ST - ZIP	ST.CLOUD FL			1.4 CITY - ST - ZIP			
TITLE	P			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BULLARD, ROBERT F.			2.2 NAME			
STREET ADDRESS	1211 12 ST			2.3 STREET ADDRESS			
CITY - ST - ZIP	ST. CLOUD FL			2.4 CITY - ST - ZIP			
TITLE	V			3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOGG, H.F.			3.2 NAME	Delete		
STREET ADDRESS	1211 12 ST			3.3 STREET ADDRESS			
CITY - ST - ZIP	ST.CLOUD FL			3.4 CITY - ST - ZIP			
TITLE	V			4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOGG, RICHARD			4.2 NAME	Delete		
STREET ADDRESS	1211 12 ST			4.3 STREET ADDRESS			
CITY - ST - ZIP	ST.CLOUD FL			4.4 CITY - ST - ZIP			
TITLE				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				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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Ronald C. Eken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR