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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

D(

FOOTHILLS PROPERTIES, INC.

(7)

FILED Apr 29 1997 8:00am Secretary of State

29	
4	29

Principal Place of Business Mailing Address % JACK H. BRAY % JACK H. BRAY 4830 W. KENNEDY BLVD. #740 4830 W. KENNEDY BLVD. #740 TAMPA FL 33609-2552 **TAMPA FL 33609** 3. Date Incorporated or Qualified 3a. Date of Last Report 06/12/1987 04/26/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-2720691 Not Applicable 26 Suite, Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zio Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRAY, JACK H. 4830 W. KENNEDY BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 740 TAMPA FL 33609** 83 84 City 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 607.0605, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. DELETE Change Addition TITLE 1.1 THILE BRAY, JACK H. NAME 1.2 NAME 4830 W. KENNEDY BLVD., SUITE 740 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ROSS, SAMUEL K. 2.2 NAME NAME 4830 W. KENNEDY BLVD, SUITE 740 STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY - ST - ZIP 2: 4 City-St-ZiP DELETE Addition 3.1 TITLE Change TITLE GREEN, DANIEL B. 3.2 NAME NAME 4830 W. KENNEDY BLVD., SUITE 740 STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY ST-7(P 3.4 CITY-ST-ZIP Change DELETE 4.1 TITLE ___ Addition THE WEST, DALE A NAME 4.2 NAME 4830 W. KENNEDY BLVD., SUITE 740 STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL CHY-ST-7P 44 CITY-ST-ZIP DELETE Change Addition 51 TITLE THEF 5.2 NAME NAM 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIF Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DIEA.West 41597