

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

FILED

Feb 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 # K64089

(1)

1. Corporation Name
ST. JOHNS PROPERTIES, INC.



Principal Place of Business

C/O JEFFREY M. BIRR
2101 N. ANDREWS, STE. 200-
FT LAUDERDALE FL 33311

Mailing Address

C/O JEFFREY M. BIRR
2101 N. ANDREWS, STE. 200-
FT LAUDERDALE FL 33311-3334

3. Date Incorporated or Qualified

02/08/1989

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 600 Northeast 3rd Avenue

Suite, Apt. #, etc.

City & State

23 Ft. Lauderdale, FL

Zip

24 33304

Country

25 USA

2a. Mailing Address

26 600 Northeast 3rd Avenue

Suite, Apt. #, etc.

City & State

28 Ft. Lauderdale, FL

Zip

29 33304

Country

30 USA

4. FEI Number

65-0095728

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

BIRR, JAMES O., JR.
2101 N. ANDREWS, STE. 200-
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name
Birr, James O., Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
600 Northeast 3rd Avenue

83

84 City

Fort Lauderdale,

FL

85 Zip Code

33304

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

JAMES O. BIRR, JR.

2-13-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME BIRR, JEFFREY M.
STREET ADDRESS 2101 N. ANDREWS, SUITE 200-
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

PS
NAME BIRR, JEFFREY M.
STREET ADDRESS 2101 N. ANDREWS, SUITE 200-
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D
NAME Birr, Jeffrey M.
1.2 STREET ADDRESS 600 Northeast 3rd Avenue
1.3 CITY-ST-ZIP Fort Lauderdale, FL 33304

2.1 TITLE ☒ Change ☐ Addition

PS
NAME Birr, Jeffrey M.
2.2 STREET ADDRESS 600 Northeast 3rd Avenue
2.3 CITY-ST-ZIP Fort Lauderdale, FL 33304

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

941-261-4455

Date

Daytime Phone #

CR2E034 (9/96)