
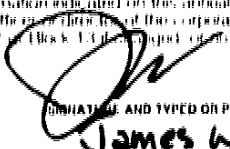


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mathum Secretary of State DIVISION OF CORPORATIONS	APPROVED AND FILED
DOCUMENT # L07401 (7)		MAY 11 11:10:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name SOUTH TROPICAL COVE, INC.		(DO NOT WRITE IN THIS SPACE)	
Principle Place of Business PO BOX 320757 C/O JAMES W. PEEPLES, III COCOA BEACH FL 32932-0757		Mailing Address PO BOX 320757 C/O JAMES W. PEEPLES, III COCOA BEACH FL 32932-0757	
2. Principal Place of Business 21		3a. Date of Last Report 04/19/1994	
2a. Mailing Address 26		3b. Date of Incorporation or Quasiest 08/08/1989	
State Apt # etc 22		4. FEI Number 59-2461261	
City & State 23		Applied For Not Applicable	
24		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		7. This corporation has liability for out-of-state fees under S. 100.039 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27		8.	
28		9. Name and Address of Current Registered Agent	
29		10. Name and Address of New Registered Agent	
30		81 Name PEEPLES, JAMES W. III	
31		82 Street Address (P.O. Box Number is Not Acceptable) 505 NORTH ORLANDO AVENUE	
32		83	
33		84 City COCOA BEACH FL	
34		85 Zip Code 32932	
11. Pursuant to the provisions of Sections 607.1902 and 607.1908, Florida Statutes, I, the above named corporation submit 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 _____			
12. OFFICERS AND DIRECTORS			
12.1	DP SCARBOROUGH, DUANE 1311 SOUTH U.S. HWY 1 ROCKLEDGE FL	13.1	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
12.2	DV GOOLSBY, GRADY 1297 HUNTINGTON LANE ROCKLEDGE FL	13.2	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
12.3	DSTV PEEPLES, JAMES W. III 505 N. ORLANDO AVE. COCOA BEACH FL	13.3	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
12.4		13.4	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
12.5		13.5	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
12.6		13.6	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
12.7		13.7	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
12.8		13.8	<input type="checkbox"/> Change <input type="checkbox"/> Add/In
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071, Florida Statutes. I further certify that the information included 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 in person. I am an officer or director of this corporation or its trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or as an attachment with an address.			
SIGNATURE: 		5-3-95 407-793-2218	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James W. Peeples III		REGISTERED OFFICER	