

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

**FILED**

**May 09 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L11010 (0)**

1. Corporation Name  
**S-GROUP PROPERTIES, INC.**



Principal Place of Business <b>C/O BETTIE JUDD STEVENS 1604 EAST OAK STREET ARCADIA FL 33821</b>	Mailing Address <b>C/O BETTIE JUDD STEVENS 1604 EAST OAK STREET ARCADIA FL 34266-8922</b>
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3. Date Incorporated or Qualified <b>08/21/1989</b>	3a. Date of Last Report <b>06/18/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. <b>2115 SE HWY 70</b>	26 Suite, Apt. #, etc. <b>2115 SE HWY 70</b>
22 City & State <b>ARCADIA FL</b>	27 City & State <b>ARCADIA FL</b>
23 Zip <b>34266</b>	28 Country <b>USA</b>
24 Country <b>USA</b>	30 Country <b>USA</b>

4. FEI Number <b>65-0145366</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STEVENS, BETTIE JUDD  
1604 EAST OAK STREET  
ARCADIA FL 33821**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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: *Bettie Judd Stevens* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

DATE: **4/27/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEVENS, THOMAS R.</b>	
STREET ADDRESS	<b>ROUTE 7, BOX 279</b>	
CITY-ST-ZIP	<b>ARCADIA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEVENS, BETTIE JUDD</b>	
STREET ADDRESS	<b>ROUTE 7, BOX 279</b>	
CITY-ST-ZIP	<b>ARCADIA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEVENS, THOMAS RICHARD</b>	
STREET ADDRESS	<b>ROUTE 7, BOX 278M</b>	
CITY-ST-ZIP	<b>ARCADIA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEVENS, ALBERT J.</b>	
STREET ADDRESS	<b>ROUTE 7, BOX 278X</b>	
CITY-ST-ZIP	<b>ARCADIA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2683 NW STEVENS ST</b>
2.4 CITY-ST-ZIP	<b>ARCADIA, FL. 34266</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>2673 NW STEVENS ST</b>
3.4 CITY-ST-ZIP	<b>ARCADIA, FL. 34266</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>2663 NW STEVENS ST</b>
4.4 CITY-ST-ZIP	<b>ARCADIA, FL. 34266</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 checked on or as an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/28/97 (941) 494-7440**

CP2E034 (9/96)