

FILED

Mar 19 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 # L23471		(0)	
1. Corporation Name: HOBE SOUND REDEVELOPMENT CORP., INC.			
Principal Place of Business: H.S.R. CORP INC. PO BOX 2146 HOBE SOUND FL 33475 US		Mailing Address: H.S.R. CORP INC. PO BOX 2146 HOBE SOUND FL 33475-2146 US	
2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent			
SAWYER, THOMAS R 2081 E. OCEAN BLVD. 2ND FLOOR STUART FL 34998			81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, on or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE: <i>Thomas R. Sawyer</i> (NOTE: Registered Agent signature required)			
OFFICERS AND DIRECTORS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Nancy L. Smith</i>			



CR2E034 (9/96)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da:

Day:me Fl eno