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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997		DIVISION OF	CORPORAT	IONS)			
	MENT # L7		(7)						
SOUTH	FORK PROPERTIES	S, ING.				A IRBANDAS DAN LUNDA UNIAN BABBA LADA BA	hi 21111 Ghali Rid	ah ara m b obu t	1180 1981
Dinainal Dia	and Charleson	Marting Ra	drana		····				
% LUTHER J.		% LUTHER	Mailing Address % LUTHER J. RUSSELL 465 RIVERSIDE DR.						
465 RIVERSIDE STUART FL 34		465 MIVERS STUART FL							
						3. Date incorporated or Qualified 05/22/1990		e of Last Re 3/1996	eport
2. Princ-pal F	lace of Business	2a. Mailing	Address		**	4. FEI Number	1 221		plied For
21		26				65-0207677			t Applicable
Suite, Apt	#, etc	Suite, A	kpt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Stat	la	City &	State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Ζφ •••	Country	Zip		Countr	У	 This corporation has liability for Florida Statutes 	r intangible t		19 9.032,
24	25 9. Name and Addres	29 s of Current Registered A	zent	1301		10. Name and Address of New F			
RUS	SSELL, LUTHER J.		<u></u>	8	Name			X	
	RIVERSIDE DR.			82	Street Ad	dress (P.O. Box Number is Not Accept	able)		
STU	IART FL 34994				Ollogetho	despt. 10. box Hamber to Hot / Goopt			
				63	3				
				84	4 City			85 Zip (Code
			Clasiala Otat		<u> </u>		FL	1 1	
office or	to the provisions of Section registered agent, or both,	in the State of Florida, Such	, Florida Statu change was	ies, the above authorized b	ve-named co by the corpor	rporation submits this statement for the ation's board of directors. I hereby acc	ept the appo	onanging it pintment as	registered registered
	am familiar with, and acce	pt the obligations of, Section	n 607.0505, FI	lorida Statute	9 S .				
SIGNATURE.	Significal typed or printed name of	of registered agent and title if applicable	e (NO	TE: Registered A	gent signature rec	guired when reinstating)	DATE		
12.		FICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 12
THLE	DP		☐ DELETE	1.1 TITLE	ļ		j	Change	Addition
NAME	RUSSELL, LUTHER J	.		1.2 NAME					
STREET ACOURESS	465 RIVERSIDE DR.			1.3 STREE	et address				1
CITY - ST - ZIP	STUART FL DS		DELETE	1.4 CITY-	······································			Change	T Addition
TITLE	RUSSELL, KAZUYO		L OFFE IF	2.1 TITLE 2.2 NAME			1	crange	L" 1 YOUNGH
NAME STREET AUDRESS	485 RIVERSIDE DR.				ET ADDRESS				ţ
CRY-SI-7P	STUART FL			2.4 CITY	- 1				Ì
TOLE	DT		DELETE	31 TITLE				Change	Addition
NAME	JOHNSON, PATRICIA	A A .		3.2 NAME					
STHEET ADDRESS	805 CREST VALLEY	DR. NW		3.3 STREE	et address				[
CITY-\$1 ZIP	ATLANTA GA			3.4. CITY	-ST-ZIP				
THILE	DV		DELETE	4.1 TITLE	1			Change	L.J. Addition
NAME	JOHNSON, GREGOF			4. 2 NAM					j
STREET ADDRESS	805 CREST VALLEY ATLANTA GA	NU MM			ET ADDRESS				
City - St - 7iP Title	AILANIA VA		DELETE	4.4 CHTY- 5.1 TITLE				Change	☐ Addition
NAME	Į.			5.2 NAME	1		,		
STREET ACIDRESS					ET ADDRESS				
CHY-SI-ZO				54 CITY					
THLE			DELETE	6.1 TITLE				Change	Addition
NAME	}			6.2 NAME	:				ļ
STREET ADORESS				6.3 STRE	ET ADDRESS				

14. I do horeby 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 true 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:

SIGNATURE AND TYPED OR POWITED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

(561) 287~1377

Daytime Phone #

FILED

Apr 10 1997 8:00am

Secretary of State