

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

FILED
Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L75414 (7)
 1. Corporation Name
SOUTH FORK PROPERTIES, INC.



Principal Place of Business % LUTHER J. RUSSELL 465 RIVERSIDE DR. STUART FL 34994	Mailing Address % LUTHER J. RUSSELL 465 RIVERSIDE DR. STUART FL 34994-2584
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3. Date Incorporated or Qualified 05/22/1990	3a. Date of Last Report 03/13/1996
4. FEI Number 65-0207677	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUSSELL, LUTHER J. 465 RIVERSIDE DR. STUART FL 34994		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, LUTHER J.	1.2 NAME	
STREET ADDRESS	465 RIVERSIDE DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	1.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, KAZUYO	2.2 NAME	
STREET ADDRESS	465 RIVERSIDE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	2.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PATRICIA A.	3.2 NAME	
STREET ADDRESS	805 CREST VALLEY DR. NW	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	3.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GREGORY C.	4.2 NAME	
STREET ADDRESS	805 CREST VALLEY DR. NW	4.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Luther J. Russell* **Luther J. Russell** **4/3/97** **(561) 287-1377**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)