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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SOUTH FORK PROPERTIES, INC.

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				I TORRITORI OTA LODORI OTARI OLOGI SIDAL DIGIL DIGIL DIGIL DIGIL DIGIL DIGIL DIGIL DIGIL SIDBL
% LUTHER J. RUSSELL 465 RIVERSIDE DR.		% LUTHER J. RUSSELL 465 RIVERSIDE DR.		
STUART FL 34994		STUART FL 34994		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 05/22/1990
· ·	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0207677 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required
City & Stat	е	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip	Country	B. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 🔀 Yes 🗌 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
	SSELL, LUTHER J.		81 Nam	ne l
465 RIVERSIDE DR.			82 Stree	et Address (P.O. Box Number is Not Acceptable)
STUART FL 34994				
1			83	
1			84 City	85 Zip Code
44 Durawant	to the provinces of Continue COV OF OU	007 4000 Elizide China		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.				
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE Signature, typed or printed name of registered agent and Mitril appelicable (NOTE Registered Agent signature required whon reinstating) DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELET E	1.1 TITLE	☐ Change ☐ Addition
NAME .	RUSSELL, LUTHER J.		1.2 NAME	
STREET ADDRESS	465 RIVERSIDE DR.		1.3 STREET ADDRESS	is
CITY-ST-ZIP	STUART FL DS	T course	1.4 CITY-ST-7IP	
TITLE	Russell, Kazuyo	☐ OELETE	2 1 TITLE	LJ Change L Addition
NAME	465 RIVERSIDE DR.		2.2 NAME	
STREET ADDRESS	STUART FL		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	DT	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE	Change Addition
NAME	JOHNSON, PATRICIA A.		3.2 NAME	L. Orienge L. Audition
STREET ADDRESS	805 CREST VALLEY DR. NW		3.3 STREET ADDRESS	s
CITY-SY-ZIP	A TLANTA GA		3.4. CITY - ST - ZIP	
TITLE	DV	DELETE	4.1 TITLE	Change Addition
NAME	JOHNSON, GREGORY C.		4. 2 NAME	
STREET ADDRESS	805 CREST VALLEY DR. NW		4.3 STREET ADDRESS	s
CITY-ST-ZIP	ATLANTA GA		4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STHEET ADDRESS	s
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP	
TITLE		∟J DELET E	6.1 1ITLE	Change Addition
NAME CTOSET ADDRESS			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	8
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

Thereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or on an attachment with an address.