

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90108 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L75414**

1. Corporation Name  
**SOUTH FORK PROPERTIES, INC.**

Principal Place of Business Mailing Address  
**% LUTHER J. RUSSELL** **% LUTHER J. RUSSELL**  
**465 RIVERSIDE DR.** **465 RIVERSIDE DR.**  
**STUART FL 34994** **STUART FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/22/1990**

4. FEI Number **65-0207677** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  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 Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**RUSSELL, LUTHER J.**  
**465 RIVERSIDE DR.**  
**STUART FL 34994**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 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                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | DS <input type="checkbox"/> DELETE | 2.1 TITLE                                             |                                                                   |
| 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                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | DT <input type="checkbox"/> DELETE | 3.1 TITLE                                             |                                                                   |
| 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                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | DV <input type="checkbox"/> DELETE | 4.1 TITLE                                             |                                                                   |
| 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                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE                                             |                                                                   |
| NAME                       |                                    | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                    | 5.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE                                             |                                                                   |
| NAME                       |                                    | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                    | 6.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I 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, with all other like empowered.

SIGNATURE: Luther J. Russell **Luther J. Russell** 4/13/99 (561) 287-1377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)