


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07761** (2)

1. Corporation Name

ARGYLE COMMERCIAL OWNERS ASSOCIATION, INC.



Principal Place of Business 9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256 US		Mailing Address PO BOX 16425 JACKSONVILLE FL 32245-6425 US		3. Date Incorporated or Qualified 02/21/1985	3a. Date of Last Report 04/17/1996
2. Principal Place of Business 21	2a. Mailing Address 26 9551 Baymeadows Road	4. FEI Number 59-3192258	Applied For Not Applicable		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite #4	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
City & State 23	City & State 28 Jacksonville, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
Zip 24	Country 25	29 32256-0107	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WALLACE, L D 9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCABE, SCOTT L	1.2 NAME	Wallace, L Denise
STREET ADDRESS	9551 BAYMEADOWS RD. SUITE 4	1.3 STREET ADDRESS	9551 Baymeadows Road, Suite 4
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, L D	2.2 NAME	DyKinga, John
STREET ADDRESS	9551 BAYMEADOWS RD. SUITE 4	2.3 STREET ADDRESS	585 NE Ocean Blvd.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, WILLIAM M	3.2 NAME	Jones, Patricia
STREET ADDRESS	585 NE OCEAN BLVD	3.3 STREET ADDRESS	1801 Market Street
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Philadelphia, PA
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, PATRICIA	4.2 NAME	Dean, William M.
STREET ADDRESS	1801 MARKET ST	4.3 STREET ADDRESS	585 N E Ocean Blvd, Stuart, FL 34996
CITY-ST-ZIP	PHILADELPHIA PA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	OSBURN, STEPHEN H	5.2 NAME	
STREET ADDRESS	585 NE OCEAN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
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	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **VP** **4/1/97** **904-739-2249**

CR2E037 (9/96)